#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,921 #CALIF DEPT OF HEALTH SERV MEDITORS SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

----

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE USERS 1,142 ELIGIBLES @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHARMACY #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,922 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 PLUMAS COUNTY

1,142 ELIGIBLES		TS OF SERVICE DAYS OF CARE		AVERAGE COST UN PER UNIT/DAY P		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	49	119 \$		\$ 33.39	.104 \$	81.08	
DIAGNOSTIC AND ANC. PROCED	8	8	393.69	49.21	.007	49.21	.34
EYE APPLIANCES	33	94	3,189.91	33.94	.082	96.66	2.79
OTHER OPTOMETRIC SERVICES	13	17		22.91		29.95	.34
@CHIROPRACTOR	0		389.41 .00	\$ .00	.015 .000 \$	.00	
	0	- '					•
VISITS		0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$		\$ .00	.000 \$	.00	•
MEDICINE/INJECTIONS	0	U	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$		\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$		\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$		\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$		\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$		\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	175	730 \$	25,922.12	\$ 35.51	.639 \$	148.13	\$ 22.70
HOSP INPATIENT TOTAL	23	100	17,839.91	178.40	.088	775.65	15.62
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	23	100	17,839.91	178.40	.088	775.65	15.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	164	630	8,082.21	12.83	.552	49.28	7.08
MEDICAL	1	2	102.70	51.35	.002	102.70	.09
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	81.00	10.13	.007	40.50	.07
RADIOLOGY	1	2	80.00	40.00	.002	80.00	.07
ROOM USE	1	1	32.77	32.77	.001	32.77	.03
CROSSOVERS/ALL OTH OUTPTNT	163	617	7,785.74	12.62	.540	47.77	6.82
@COUNTY HOSPITAL TOTAL	0	0 \$		\$ .00	.000 \$	.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0 0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ND EXPENDITURES MON'	TH-OF-PAYMENT REP	OKT FOR JAN 200	3 THRU DEC	2003	PAGE 9,923
MOP024	FEE-FOR-SERVICE/DEN		A CED	ATD CODE 10			01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT - 1	AGED	AID CODE 10		אווע אודם אי	GE
						LLL AVEKA	

		OR DAIS OF CARE			PER	UNII/DAI	PEK ELI	J	USEK	1	THIGTBIE
@COMMUNITY HOSPITAL TOTAL	175	730	\$	25,922.12	\$	35.51	.639	\$	148.13	\$	22.70
COMM HOSP INPATIENT TOTAL	23	100		17,839.91		178.40	.088		775.65		15.62
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER ACCOM	U	U		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	23	100		17,839.91		178.40	.088		775.65		15.62
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	164	630		8,082.21		12.83	.552		49.28		7.08
MEDICAL	1	2		102.70		51.35	.002		102.70		.09
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	8		81.00		10.13	.007		40.50		.07
RADIOLOGY	1	2		80.00		40.00	.002		80.00		.07
	1	2									
ROOM USE	1	1		32.77		32.77	.001		32.77		.03
CROSSOVERS/ALL OTH OUTPTNT	163	617		7,785.74		12.62	.540		47.77		6.82
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	15	407	\$	74,500.49	\$	183.05	.356	\$	4966.70	\$	65.24
LEV A-INTERMEDIATE	0	0	т	.00	т.	.00	.000	7	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0							.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000				.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	407		74,500.49		183.05	.356		4966.70		65.24
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	7	\$	1,287.17	\$	183.88	.006	\$	321.79	\$	1.13
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	٧	.00	Y	.00
	4	7		1,287.17		183.88	.006		321.79		1.13
HEMODIALYSIS CENTER	4	0		The state of the s				4			
@REHABILITATION FACILITY	U	<u> </u>	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	60.25	\$	60.25	.001	\$	60.25	\$	.05
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		60.25		60.25	.001		60.25		.05
@ORGANIZED OUTPATIENT CLINIC	246	400	\$	27,108.43	\$	67.77	.350	\$	110.20	\$	23.74
CLINIC	1	2	٧	128.65	٧	64.33	.002	٧	128.65	٧	.11
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0									
HEROIN DETOX CLINIC	•	•		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	245	398		26,979.78		67.79	.349		110.12		23.63
#CALIF DEPT OF HEALTH SERV			ES .	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 9,924
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CASH GR	TNA	- AGED		AID CODE	10				
							1	HTMON	ILY AVERA	GE -	
1,142 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
1,111 221012220	02210	OR DAYS OF CARE		2111 2113 2 1 01125		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	88	508	\$	13,141.09	\$	25.87	.445		149.33		11.51
		15	Y		Ÿ	197.48		Ÿ	740.57	Y	2.59
DURABLE MED. EQUIP.	4			2,962.26			.013				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	6	13		1,898.11		146.01	.011		316.35		1.66
MEDICAL TRANSPORTATION	6	288		5,259.93		18.26	.252		876.66		4.61
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00

PER UNIT/DAY PER ELIG

USER

ELIGIBLE

OR DAYS OF CARE

OTHER SERVICES	6	288		5,259.93	18.26	.252	876.66	4.61
ACUPUNCTURE	0	200		.00	.00	.000	.00	.00
	0	0						
ADULT DAY HEALTH CARE CTR	Ü	Ü		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	31	74		916.61	12.39	.065	29.57	.80
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	8		536.77	67.10	.007	268.39	.47
PROSTHETICS	2	8		536.77	67.10	.007	268.39	.47
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	110		1,567.41	14.25	.096	37.32	1.37
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	326	1,410	\$	49,984.69	\$ 35.45	1.235	\$ 153.33	\$ 43.77
e* momard in murde timed and dive	משעמעמטט ע טע זען	TATE ODMARITOR :	TITITAL ONTE SZ •					

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,925
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

----- MONTHLY AVERAGE -----161 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 26,730 \$ 3.11 166.025 \$ 783.98 \$ 516.16 106 83,101.81 4,716.53 \$ 50.18 .584 \$ 181.41 \$ @PHYSICIANS SERVICES OUTPATIENT VISITS 7 269.32 33.67 .050 38.47 1.67 OFFICE VISITS 3 186.44 46.61 .025 62.15 1.16 .00 .00 .00 HOME VISITS .000 .00 .00 .00 .00 .00 20.72 58.95 58.95 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 PREVENTIVE CARE .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT 82.88 .025 20.72 .51 .012 INPATIENT VISITS 117.90 117.90 .73 HOSPITAL VISITS 117.90 .012 117.90 .73 .00 .000 .00 .00 CRITICAL CARE .00 .000 SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES 75.95 .012 37.98 .47 75.95 37.98 .012 EXAMINATIONS SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 2,281.34 53.05 INPATIENT HOSPITAL SURGERY 43 .267 570.34 14.17 PRINCIPAL SURGEON 1,465.91 732.96 .012 732.96 9.11 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 19.89 .255 ANESTHESIOLOGIST 41 815.43 407.72 5.06 OUTPATIENT SURGERY 1,163.89 129.32 .056 387.96 7.23 .025 PRINCIPAL SURGEON 977.56 244.39 325.85 6.07 .00 .00 ASSISTANT SURGEON 0 .00 .000 .00 186.33 37.27 .031 186.33 ANESTHESIOLOGIST 1.16 DIALYSIS .00 .00 .000 .00 .00 48.20 PATHOLOGY 1 1 48.20 .006 48.20 .30 35.90 394.94 28.21 .087 RADIOLOGY 11 14 2.45 **PSYCHIATRY** Ω .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	15	364.99	24.33	.093	45.62	2.27
@PHARMACY	87	780	\$ 33,215.25	\$ 42.58	4.845	\$ 381.78	\$ 206.31
PRESCRIPTION DRUGS	87	359	31,157.92	86.79	2.230	358.14	193.53
SNF/ICF	1	2	50.65	25.33	.012	50.65	.31
OUTPATIENTS	87	357	31,107.27	87.14	2.217	357.55	193.21
MEDICAL SUPPLIES	9	421	2,057.33	4.89	2.615	228.59	12.78
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 9,926
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES E	OR CASH GRANT	- BLIND	AID CODE	20		

MOP024	FEE-FOR-SERVICE/D											01/29/04
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR	CASH GR	ANT - I	BLIND		AID CODE					
										HLY AVERA	GE	
161 ELIGIBLES			SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS	OF CARE				UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	14		46	\$	4,712.92	\$	102.45	.286	\$	336.64	\$	29.27
DIAGNOSTIC AND ANC. PROCED	7		8		423.32		52.92	.050		60.47		2.63
EYE APPLIANCES	12		35		4,232.68		120.93	.217		352.72		26.29
OTHER OPTOMETRIC SERVICES	2		3	4.	56.92		18.97	.019		28.46		.35
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0	4.	.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0	4.	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000		.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER			0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	34		167	Ş	14,393.74	\$	86.19	1.037	Ş	423.35	\$	89.40
HOSP INPATIENT TOTAL	5		24		7,317.03		304.88	.149		1463.41		45.45
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		2		4,013.03		2006.52	.012		4013.03		24.93
ACCOMMODATIONS	1		2		1,341.60		670.80	.012		1341.60		8.33
ADMINISTRATIVE DAYS	0		0 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0				.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		2		1,341.60		670.80	.012		1341.60		8.33
ANCILLARIES	1		0		2,671.43		.00	.000		2671.43		16.59
INPATIENT CROSSOVERS	0		22		3,304.00		150.18	.137		826.00		20.52
ALL OTHER INPATIENT	0 31		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8		143 8		7,076.71		49.49	.888		228.28		43.95
MEDICAL	8 1		8		474.03		59.25	.050		59.25		2.94
SURGERY	9		33		113.93		113.93	.006		113.93		.71 2.46
PATHOLOGY	9		33 13		396.30 1,708.11		12.01 131.39	.205 .081		44.03 189.79		10.61
RADIOLOGY ROOM USE	15		19		716.26		37.70	.118		47.75		4.45
CROSSOVERS/ALL OTH OUTPTNT			69		3,668.08		53.16	.429		229.26		22.78
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	ċ.		\$	.00
CO HOSPITAL INPATIENT TOTAL			0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	n		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
111010111	O		0		.00		.00	.000		.00		.00

SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	NEC AND EXPEN	U T T T T T T T T T T T T T T T T T T T	G MONT	.00.		.00	.000	חחמ	.00	_	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		DITURES	S MON	TH-OF-PAYMENT F	KEPOR.	I FOR JAN	2003 THRU	DEC	2003	Ρ.	AGE 9,927 01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	,	SH GRAI	\TT _	מו דאום		AID CODE	20				01/29/04
PLOMAS COUNTY	SUMMARI OF SERV	ICES FOR CA	SI GRAI	N1 -	מודוום		AID CODE		ידא	HLY AVERA	GE.	
161 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	-	COST PER	-	COST PER
101 111011110	OBLIND	OR DAYS OF			LIII LIVDI I ORLIG		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34		67 \$	\$	14,393.74	\$	86.19	1.037		423.35	\$	89.40
COMM HOSP INPATIENT TOTAL	5	_	24	*	7,317.03	-	304.88	.149	т.	1463.41	т.	45.45
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1		2		4,013.03		2006.52	.012		4013.03		24.93
ACCOMMODATIONS	1		2		1,341.60		670.80	.012		1341.60		8.33
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		2		1,341.60		670.80	.012		1341.60		8.33
ANCILLARIES	1		0		2,671.43		.00	.000		2671.43		16.59
INPATIENT CROSSOVERS	4		22		3,304.00		150.18	.137		826.00		20.52
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	31	1	43		7,076.71		49.49	.888		228.28		43.95
MEDICAL	8		8		474.03		59.25	.050		59.25		2.94
SURGERY	1		1		113.93		113.93	.006		113.93		.71
PATHOLOGY	9		33		396.30		12.01	.205		44.03		2.46
RADIOLOGY			13		1,708.11		131.39	.081		189.79		10.61
ROOM USE	15 16		19 69		716.26		37.70	.118		47.75		4.45
CROSSOVERS/ALL OTH OUTPINT	16			4	3,668.08	4	53.16 .00	.429	4	229.26	Ś	22.78
@STATE HOSPITAL	0		0 :	\$	.00	\$		.000	\$	.00	Þ	.00
MENTALLY ILL DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	1		0 9	ė.	3,570.00	خ	.00	.000	\$	3570.00	Ś	22.17
LEV A-INTERMEDIATE	0		0 .	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	1		0		3,570.00		.00	.000		3570.00		22.17
@INTERMEDIATE CARE FACILDD	0			\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	Ö		0		.00	7	.00	.000	٠.	.00	4	.00
ICF DD	0		Ō		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00

@HEMODIALYSIS TOTAL 153.91 153.91 .006 \$ 153.91 \$ .96 HOSPITAL BASED .00 .00 .000 .00 .00 HEMODIALYSIS CENTER 153.91 153.91 .006 153.91 .96 108.50 36.17 .019 \$ 108.50 .67 @REHABILITATION FACILITY 3 HOSPITAL BASED 108.50 36.17 .019 108.50 .67 0 INDEPENDENT FACILITY .00 .00 .00 .00 .000 @LABORATORY FACILITY 0 .00 .00 .000 \$ .00 \$ .00 .00 PATHOLOGY .00 .00 .000 .00 XO AND OTHERS 0 .00 .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC 50 113 10,295.33 91.11 .702 \$ 205.91 \$ 63.95 CLINIC 0 0 .00 .00 .000 .00 .00 .00 0 .00 .000 SURGICENTER 0 .00 .00 .00

#CALIF DEPT OF HEALTH SERV MOP024

HEROIN DETOX CLINIC RURAL HEALTH CLINIC

PLUMAS COUNTY

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CASH GRANT - BLIND

113

50

.000

.702

205.91

.00

63.95

01/29/04

PAGE 9,928

.00

91.11

.00

10,295.33

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

161 ELIGIBLES	USERS U	NITS OF SERVIC	E.	EX	PENDITURES	Δ17	ERAGE COST			COST PER		COST PER
TOT HEIGIBEED		OR DAYS OF CAR		ш2:	I BIVDI I OKUB		R UNIT/DAY	PER ELIG	_	USER		ELIGIBLE
@ALL OTHER PROVIDERS	32	25,526	_ ;		11,935.63	\$	.47	158.547	Ś	372.99	ġ.	74.13
DURABLE MED. EQUIP.	4	15	٧		2,920.20	Υ	194.68	.093	٧	730.05	٧	18.14
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	41			2,551.40		62.23	.255		1275.70		15.85
AMBULANCES/AIR TRANS	1	40			751.40		18.79	.248		751.40		4.67
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	ĺ	ĺ			1,800.00		1800.00	.006		1800.00		11.18
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	Ō	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	6	14			151.07		10.79	.087		25.18		.94
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	3	5			1,188.05		237.61	.031		396.02		7.38
PROSTHETICS	3	5			1,188.05		237.61	.031		396.02		7.38
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	11	188			2,133.42		11.35	1.168		193.95		13.25
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	16	25,263			2,991.49		.12	156.913		186.97		18.58
@CALIF. CHILDREN SERVICES*	20	108	\$		19,512.66	\$	180.67	.671	\$	975.63	\$	121.20
@XOVER EXCLUDING STATE HOSP**	13	70	\$		7,433.37	\$	106.19	.435	\$	571.80	\$	46.17
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARAT	E INFORMATION	ITEM	ONLY;								

----- MONTHLY AVERAGE -----

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,929
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

1201110 0001111	0011111111 01 011	TIEST TOTAL OTTOTAL	2121222	1112 0022	0 0		
					MON	NTHLY AVERA	GE
7,270 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,877	115,088 \$	4,649,364.83	\$ 40.40	15.831	791.11	\$ 639.53
@PHYSICIANS SERVICES	1,174	4,736 \$	179,775.59	\$ 37.96	.651	3 153.13	\$ 24.73
OUTPATIENT VISITS	296	380	14,985.79	39.44	.052	50.63	2.06
OFFICE VISITS	209	272	9,581.79	35.23	.037	45.85	1.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	61	3,708.07	60.79	.008	65.05	.51
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	42	47	1,695.93	36.08	.006	40.38	.23
INPATIENT VISITS	93	485	25,131.41	51.82	.067	270.23	3.46
HOSPITAL VISITS	88	410	15,731.92	38.37	.056	178.77	2.16
CRITICAL CARE	12	67	9,097.38	135.78	.009	758.12	1.25
SNF/ICF/TRANS IP CARE	3	8	302.11	37.76	.001	100.70	.04
OPHTHALMOLOGICAL SERVICES	11	11	427.47	38.86	.002	38.86	.06
EXAMINATIONS	11	11	427.47	38.86	.002	38.86	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	40	270	22,910.44	84.85	.037	572.76	3.15
PRINCIPAL SURGEON	32	52	17,882.75	343.90	.007	558.84	2.46

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	2	2		281.82		140.91	.000		140.91		.04
ANESTHESIOLOGIST	14	216		4,745.87		21.97	.030		338.99		.65
OUTPATIENT SURGERY	56	204		13,729.23		67.30	.028		245.16		1.89
PRINCIPAL SURGEON	47	65		11,453.55		176.21	.009		243.69		1.58
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	14	139		2,275.68		16.37	.019		162.55		.31
DIALYSIS	2	12		989.04		82.42	.002		494.52		.14
PATHOLOGY	100	227		4,762.78		20.98	.031		47.63		.66
RADIOLOGY	388	806		20,849.89		25.87	.111		53.74		2.87
PSYCHIATRY	3	3		219.87		73.29	.000		73.29		.03
IMMUNIZATION AND INJECTION	19	990		44,774.04		45.23	.136		2356.53		6.16
OTHER SERVICES/ALL X-OVERS	540	1,348		30,995.63		22.99	.185		57.40		4.26
			4		4			4		Ċ.	
@PHARMACY	5,089		\$	2,273,409.40	\$	42.23	7.405	Ş	446.73	Þ	312.71
PRESCRIPTION DRUGS	5,056	22,937		2,234,250.19		97.41	3.155		441.90		307.32
SNF/ICF	60	479		35,634.51		74.39	.066		593.91		4.90
OUTPATIENTS	5,003	22,458		2,198,615.68		97.90	3.089		439.46		302.42
MEDICAL SUPPLIES	277	30,899		39,159.21		1.27	4.250		141.37		5.39
@DENTIST	65	285	\$	12,326.85	\$	43.25	.039	\$	189.64	Ś	1.70
VISITS - DIAGNOSTIC	40	145	•	2,598.85	•	17.92	.020		64.97		.36
ORAL SURGERY	11	40		2,360.00		59.00	.006		214.55		.32
DRUGS	0	0		.00		.00	.000		.00		.00
	3	3		300.00		100.00			100.00		
ANESTHESIA	3	3					.000				.04
PERIODONTICS	3	5 4		700.00		140.00	.001		233.33		.10
ENDODONTICS	3	4		520.00		130.00	.001		173.33		.07
RESTORATIVE DENTISTRY	14	62		3,432.00		55.35	.009		245.14		.47
PROSTHETICS	0	1		30.00		30.00	.000		.00		.00
DENTURES, STAYPLATES	7	14		1,686.00		120.43	.002		240.86		.23
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	8	10		700.00		70.00	.001		87.50		.10
ORTHODONTIC SERVICES ALL OTHER SERVICES	8 2	10 1		700.00		70.00	.001		87.50		.10
ALL OTHER SERVICES	2	1	S MON	.00	ZPOR'	.00	.000	DEC	.00	ÞΙ	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	2 MEDI-CAL SERVI	1 CES AND EXPENDITURE	S MON	.00	EPOR'	.00	.000	DEC	.00	P <i>I</i>	.00 AGE 9,930
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	2 MEDI-CAL SERVI FEE-FOR-SERVIC	1 CES AND EXPENDITURE E/DENTAL		.00 TH-OF-PAYMENT RE	EPOR'	.00 F FOR JAN	.000 2003 THRU	DEC	.00	P <i>I</i>	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	2 MEDI-CAL SERVI FEE-FOR-SERVIC	1 CES AND EXPENDITURE		.00 TH-OF-PAYMENT RE	EPOR'	.00	.000 2003 THRU 60		2003		.00 AGE 9,930 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER	1 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA		.00 TH-OF-PAYMENT RE		.00 I FOR JAN AID CODE	.000 2003 THRU 60	ONT	.00 2003 HLY AVERA	GE -	.00 AGE 9,930 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	2 MEDI-CAL SERVI FEE-FOR-SERVIC	I CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE		.00 TH-OF-PAYMENT RE	AV	.00 I FOR JAN AID CODE ERAGE COST	.000 2003 THRU 60 M UNITS/DAY	ONT S	.00 2003 HLY AVERA COST PER	GE -	.00 AGE 9,930 01/29/04 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	I CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE	NT -	.00 TH-OF-PAYMENT RE DISABLED EXPENDITURES	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY	.000 2003 THRU  60 M UNITS/DAY PER ELIG	ONT S	.00 2003 HLY AVERA COST PER USER	GE - (	.00 AGE 9,930 01/29/04  COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 405	I CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182		.00 TH-OF-PAYMENT RE DISABLED EXPENDITURES 29,475.33	AV	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163	ONT S	.00 2003 HLY AVERA COST PER USER 72.78	GE - (	.00 AGE 9,930 01/29/04  COST PER CLIGIBLE 4.05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES	MEDI-CAL SERVICES SUMMARY OF SER USERS  405 159	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162	NT -	.00 TH-OF-PAYMENT RE DISABLED EXPENDITURES 29,475.33 6,886.57	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022	ONT S	.00 2003 HLY AVERA COST PER USER 72.78 43.31	GE - (	.00 AGE 9,930 01/29/04  COST PER ELIGIBLE 4.05 .95
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 405	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923	NT -	.00 TH-OF-PAYMENT RE DISABLED EXPENDITURES 29,475.33 6,886.57 20,896.99	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127	ONT S	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90	GE - (	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICES SUMMARY OF SER USERS  405 159	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162	NT -	.00 TH-OF-PAYMENT RE DISABLED EXPENDITURES 29,475.33 6,886.57	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022	ONT S	.00 2003 HLY AVERA COST PER USER 72.78 43.31	GE - (	.00 AGE 9,930 01/29/04  COST PER ELIGIBLE 4.05 .95
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICES SUMMARY OF SERVICES USERS 405 159 322	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97	NT - :	.00 TH-OF-PAYMENT RE DISABLED EXPENDITURES 29,475.33 6,886.57 20,896.99	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127	ONT S \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90	GE - ( E \$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICES SUMMARY OF SERVICES USERS  405 159 322 61	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 97	NT -	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001	ONT S \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50	GE - ( E \$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICES SUMMARY OF SERVICES USERS  405 159 322 61	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001	ONT S \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 21.50	GE - ( E \$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER  USERS  405 159 322 61 7 7	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRAT  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 9	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .001	ONT S \$ \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 21.50	GE - ( ; \$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  405 159 322 61 7 7 0 4	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRAT  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 9 9 0 6	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .001	ONT S \$ \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 21.50 .00 108.31	GE - ( ; \$	.00 AGE 9,930 01/29/04 COST PER CLIGIBLE 4.05 .95 2.87 .23 .02 .02 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER  USERS  405 159 322 61 7 7	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 9 9 0 6 0	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .001 .000	ONT S \$ \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31	GE - ( ; \$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .00 .06 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICES SUMMARY OF SERVICES USERS  405 159 322 61 7 7 0 4 0 1	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 9 0 6 6 0 1	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .001 .001 .000	ONT S \$ \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65	GE - ( ; \$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .02 .00 .06 .00 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICESUMMARY OF SERVICESUM OF SERVICE	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 9 0 6 0 1	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .000 .001	ONT S \$ \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 21.50 .00 108.31 .00 281.65	GE - ( ; \$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .02 .00 .06 .00 .04 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 405 159 322 61 7 7 0 4 0 1	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 9 0 6 0 1 0 5	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 151.60	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .001 .000 .001	ONT S \$ \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53	GE -	.00 AGE 9,930 01/29/04 COST PER 4.05 .95 2.87 .23 .02 .02 .00 .06 .00 .04 .00 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 405 159 322 61 7 7 0 4 0 1	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 0 6 0 1 0 5 362	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 151.60 24,650.78	AVI PEI \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .000 .001 .000 .001	ONTS \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11	GE - C F F F F F F F F F F F F F F F F F F	.00 AGE 9,930 01/29/04 COST PER 4.05 .95 2.87 .23 .02 .02 .00 .06 .00 .04 .00 .02 3.39
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICES SERVICES SERVICES SUMMARY OF SERVICES SUMMARY SUMMARY OF SERVICES SUMMARY OF SERVICES SUMMARY SUMMARY SUMMAR	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 9 0 6 0 1 0 5 362 0	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 151.60 24,650.78 .00	AVI PEI \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10 .00	.000 2003 THRU 60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .000 .001 .000 .001 .000	ONTS; \$	.00 2003 HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11	GE - C I I S \$ \$ \$ \$ \$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .00 .06 .00 .04 .00 .02 3.39 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	2 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER  USERS  405 159 322 61 7 7 0 4 0 1 0 3 61 0 0	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRAT  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 0 6 0 1 0 5 362 0 0	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 24,650.78 .00 .00 .00	AVI PEI \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10 .00 .00	.000 2003 THRU  60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .000 .000 .000 .000 .000 .000	ONT S \$ \$ \$ \$ \$	.00 2003  HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11 .00 .00	GE - C F S S S S S S S S S S S S S S S S S S	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .00 .06 .00 .04 .00 .04 .00 .02 3.39 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	2 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER  USERS  405 159 322 61 7 7 0 4 0 1 0 3 61 0 0 0	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 0 6 0 1 0 5 362 0 0	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 151.60 24,650.78 .00	AVI PEI \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10 .00 .00	.000 2003 THRU  60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .001 .000 .000 .000 .000 .000	ONTS; \$	.00 2003  HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11 .00 .00 .00	GE - C I I S \$ \$ \$ \$ \$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .00 .06 .00 .04 .00 .04 .00 .02 3.39 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	2 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER  USERS  405 159 322 61 7 7 0 4 0 1 0 3 61 0 0	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 0 6 0 1 0 5 362 0 0	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 24,650.78 .00 .00 .00	AVI PEI \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10 .00 .00	.000 2003 THRU  60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .000 .000 .000 .000 .000 .000	ONT S \$ \$ \$ \$ \$	.00 2003  HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11 .00 .00	GE - C F S S S S S S S S S S S S S S S S S S	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .00 .06 .00 .04 .00 .04 .00 .02 3.39 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	2 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER  USERS  405 159 322 61 7 7 0 4 0 1 0 3 61 0 0 0	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 0 6 0 1 0 5 362 0 0 0	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 281.65 .00 24,650.78 .00 .00 .00 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10 .00 .00	.000 2003 THRU  60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .001 .000 .000 .000 .000 .000	ONT S \$ \$ \$ \$ \$	.00 2003  HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11 .00 .00 .00	GE - C I	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .00 .06 .00 .04 .00 .04 .00 .02 3.39 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	2 MEDI-CAL SERVIC SERVIC SUMMARY OF SER  USERS  405 159 322 61 7 7 0 4 0 1 0 3 61 0 0 0 0	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 0 6 0 1 0 5 362 0 0 0	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 151.60 24,650.78 .00 .00 .00 .00 .00	AVIDES \$ \$ \$\$\$\$\$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10 .00 .00 .00 .00 .00 .00	.000 2003 THRU  60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .001 .000 .000 .000 .000 .000	ONT S \$ \$ \$ \$\$\$\$\$	.00 2003  HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11 .00 .00 .00 .00 .00	GE \$ \$ \$ \$\$\$\$\$\$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .00 .06 .00 .04 .00 .02 3.39 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2 MEDI-CAL SERVIC SERVIC SUMMARY OF SER  USERS  405 159 322 61 7 7 0 4 0 1 0 3 61 0 0 1 1,662 147	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 0 6 6 0 1 0 5 362 0 0 0 8,769 565	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 24,650.78 .00 .00 .00 .00 .00 .00 .00 1,127,296.03 .881,948.99	AVIDES \$ \$ \$\$\$\$\$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10 .00 .00 .00 .00 .00 .00 128.55 1560.97	.000 2003 THRU  60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .000 .001 .000 .000 .000 .000	ONT S \$ \$ \$ \$\$\$\$\$	.00 2003  HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11 .00 .00 .00 .00 .00 678.28 5999.65	GE \$ \$ \$ \$\$\$\$\$\$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .00 .06 .00 .04 .00 .02 3.39 .00 .00 .00 .00 .00 .00 .155.06 121.31
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	2 MEDI-CAL SERVIC SERVIC SUMMARY OF SER  USERS  405 159 322 61 7 7 0 4 0 1 0 3 61 0 0 1 1,662 147 29	I CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 0 6 6 0 1 0 5 362 0 0 0 0 8,769 565 140	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 24,650.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVIDES \$ \$ \$\$\$\$\$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10 .00 .00 .00 .00 .00 .00 .128.55 1560.97 1294.99	.000 2003 THRU  60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .000 .001 .000 .000 .000 .000	ONT ONS \$ \$ \$ \$\$\$\$\$\$	.00 2003  HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11 .00 .00 .00 .00 .00 678.28 5999.65 6251.66	GE \$ \$ \$ \$\$\$\$\$\$	.00 AGE 9,930 01/29/04 COST PER 4.05 .95 2.87 .23 .02 .02 .00 .06 .00 .04 .00 .02 3.39 .00 .00 .00 .00 .00 .155.06 121.31 24.94
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  7,270 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2 MEDI-CAL SERVIC SERVIC SUMMARY OF SER  USERS  405 159 322 61 7 7 0 4 0 1 0 3 61 0 0 1 1,662 147	CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA  UNITS OF SERVICE OR DAYS OF CARE 1,182 162 923 97 9 0 6 6 0 1 0 5 362 0 0 0 8,769 565	NT - :	.00 TH-OF-PAYMENT RE DISABLED  EXPENDITURES  29,475.33 6,886.57 20,896.99 1,691.77 150.48 150.48 .00 433.25 .00 281.65 .00 24,650.78 .00 .00 .00 .00 .00 .00 .00 1,127,296.03 .881,948.99	AVIDES \$ \$ \$\$\$\$\$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 24.94 42.51 22.64 17.44 16.72 16.72 .00 72.21 .00 281.65 .00 30.32 68.10 .00 .00 .00 .00 .00 .00 128.55 1560.97	.000 2003 THRU  60 M UNITS/DAY PER ELIG .163 .022 .127 .013 .001 .000 .001 .000 .000 .000 .000	ONT ONS \$ \$ \$ \$\$\$\$\$\$	.00 2003  HLY AVERA COST PER USER 72.78 43.31 64.90 27.73 21.50 .00 108.31 .00 281.65 .00 50.53 404.11 .00 .00 .00 .00 .00 678.28 5999.65	GE \$ \$ \$ \$\$\$\$\$\$	.00 AGE 9,930 01/29/04 COST PER ELIGIBLE 4.05 .95 2.87 .23 .02 .00 .06 .00 .04 .00 .02 3.39 .00 .00 .00 .00 .00 .00 .155.06 121.31

ADMINISTRATIVE DAYS	2	10	2,313.00	231.30	.001	1156.50	.32
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	282	223,151.88	791.32	.039	3599.22	30.69
ANCILLARIES	64	0	434,911.72	.00	.000	6795.50	59.82
INPATIENT CROSSOVERS	56	133	40,274.39	302.81	.018	719.19	5.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,603	8,204	245,347.04	29.91	1.128	153.05	33.75
MEDICAL	521	950	48,403.54	50.95	.131	92.91	6.66
SURGERY	77	85	10,111.42	118.96	.012	131.32	1.39
PATHOLOGY	651	2,908	32,743.42	11.26	.400	50.30	4.50
RADIOLOGY	408	636	52,140.97	81.98	.087	127.80	7.17
ROOM USE	561	852	34,763.11	40.80	.117	61.97	4.78
CROSSOVERS/ALL OTH OUTPTNT	802	2,773	67,184.58	24.23	.381	83.77	9.24
@COUNTY HOSPITAL TOTAL	4	18	\$ 2,474.34	\$ 137.46	.002	\$ 618.59	\$ .34
CO HOSPITAL INPATIENT TOTAL	1	2	2,200.00	1100.00	.000	2200.00	.30
HSC HOSPITALS	1	2	2,200.00	1100.00	.000	2200.00	.30

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0							
TRANSITIONAL IP CARE	U	U		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	16		274.34	17.15	.002	91.45		.04
MEDICAL	2	2		50.56	25.28	.000	25.28		.01
SURGERY	0	0		.00	.00	.000	.00		.00
	0	0							
PATHOLOGY	U	U		.00	.00	.000	.00		.00
RADIOLOGY	1	2		64.97	32.49	.000	64.97		.01
ROOM USE	2	2		71.38	35.69	.000	35.69		.01
CROSSOVERS/ALL OTH OUTPINT	1	10		87.43	8.74	.001	87.43		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	PI	AGE 9,931
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/29/04
		ICES FOR CASH GR	ΔNT	- DISABLED	AID CODE	60			, , , ,
I DOING COONII	BOTH HELT OF BLICK	read for endir or		2101000	THE CODE	MONT	THI.V AVERA	GE -	
7,270 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
7,270 ELIGIBLES	USERS			EXPENDITORES	PER UNIT/DAY				
COMMUNITARIA MOGRATINA MOMAL	1 660	OR DAYS OF CARE		1 104 001 60	- ,		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,660	8,751	\$	1,124,821.69	\$ 128.54	1.204 \$		Ş	
COMM HOSP INPATIENT TOTAL	146	563		879,748.99	1562.61	.077	6025.68		121.01
HSC HOSPITALS	28	138		179,098.00	1297.81	.019	6396.36		24.64
NON-HSC HOSPITALS TOTAL	64	292		660,376.60	2261.56	.040	10318.38		90.84
ACCOMMODATIONS	63	292		225,464.88	772.14	.040	3578.81		31.01
ADMINISTRATIVE DAYS	2	10		2,313.00	231.30	.001	1156.50		.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	62	282		223,151.88	791.32	.039	3599.22		30.69
ANCILLARIES	64	0		434,911.72	.00	.000	6795.50		59.82
INPATIENT CROSSOVERS	56	133		40,274.39	302.81	.018	719.19		5.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,601	8,188		245,072.70	29.93	1.126	153.07		33.71
MEDICAL	519	948		48,352.98	51.01	.130	93.17		6.65
SURGERY	77	85		10,111.42	118.96	.012	131.32		1.39
PATHOLOGY	651	2,908		32,743.42	11.26	.400	50.30		4.50
RADIOLOGY	407	634		52,076.00	82.14	.087	127.95		7.16
ROOM USE	560	850		34,691.73	40.81	.117	61.95		4.77
CROSSOVERS/ALL OTH OUTPTNT	801	2,763		67,097.15	24.28	.380	83.77		9.23
@STATE HOSPITAL	0	2,703	\$	.00	\$ .00	.000 \$	.00	ė.	.00
	0		Ą		•			Ą	
MENTALLY ILL		0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	41	999	\$	177,304.43	\$ 177.48	.137 \$		Ş	24.39
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	41	999		177,304.43	177.48		4324.50		24.39
@INTERMEDIATE CARE FACILDD	0	0	ė.				.00	بع	.00
	0		\$	.00				Ą	
ICF DDH	-	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	10	13	\$	9,273.22	\$ 713.32	.002 \$	927.32	\$	1.28
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	10	13		9,273.22	713.32	.002	927.32		1.28
@REHABILITATION FACILITY	7	78	\$	2,411.27	\$ 30.91	.011 \$		Ś	.33
HOSPITAL BASED	6	54	т.	1,988.46	36.82	.007	331.41	т	.27
INDEPENDENT FACILITY	1	24		422.81	17.62	.003	422.81		.06
@LABORATORY FACILITY	211	757	Ċ	9 269 50		.003 104 \$		Ċ	1 28

757 \$

12.25

9,269.50 \$

.104 \$ 43.93 \$

@LABORATORY FACILITY

211

1.28

PATHOLOGY	209	746		9,235.49		12.38	.103	44.19		1.27
XO AND OTHERS	2	11		34.01		3.09	.002	17.01		.00
@ORGANIZED OUTPATIENT CLINIC	2,351	4,447	\$	586,288.51	\$	131.84	.612	\$ 249.38	\$	80.64
CLINIC	18	44		3,582.34		81.42	.006	199.02		.49
SURGICENTER	5	15		720.04		48.00	.002	144.01		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	2,338	4,388		581,986.13		132.63	.604	248.92		80.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES M	IONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU D	EC 2003	PI	AGE 9,932
MOP024	FEE-FOR-SERVICE	DENTAL								01/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR CASH GF	LANT	- DISABLED		AID CODE	60			
							MO	NTHLY AVERA	GE -	
7,270 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	848	39,609	\$	217,300.19	\$	5.49	5.448	\$ 256.25	\$	29.89
DURABLE MED. EQUIP.	115	1,352		51,970.18		38.44	.186	451.91		7.15
DI COD DANIE	^	^		0.0		0.0	000	0.0		0.0

7,270 ELIGIBLES	USERS	UNITS OF SERVIO	CE	E.	XPENDITURES	AVER	AGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CAR	RЕ			PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	848	39,609	\$		217,300.19	\$	5.49	5.448	\$ 256.25	\$ 29.89
DURABLE MED. EQUIP.	115	1,352			51,970.18		38.44	.186	451.91	7.15
BLOOD BANK	0	0			.00		.00	.000	.00	.00
HEARING AID DISPENSERS	4	4			983.04		245.76	.001	245.76	.14
MEDICAL TRANSPORTATION	141	21,137			99,919.58		4.73	2.907	708.65	13.74
AMBULANCES/AIR TRANS	107	1,671			32,382.09		19.38	.230	302.64	4.45
OTHER TRANS	23	19,195			30,361.04		1.58	2.640	1320.05	4.18
OTHER SERVICES	30	271			37,176.45		137.18	.037	1239.22	5.11
ACUPUNCTURE	3	8			151.38		18.92	.001	50.46	.02
ADULT DAY HEALTH CARE CTR	18	250			17,217.43		68.87	.034	956.52	2.37
GENETIC DISEASE TESTING	0	0			.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000	.00	.00
OPTICIAN	266	640			7,506.73		11.73	.088	28.22	1.03
PHYSICAL THERAPIST	31	230			3,474.39		15.11	.032	112.08	.48
PORTABLE X-RAY	1	6			83.06		13.84	.001	83.06	.01
PROSTHETIST/ORTHOTISTS	7	24			2,759.97		115.00	.003	394.28	.38
PROSTHETICS	7	24			2,759.97		115.00	.003	394.28	.38
ORTHOTICS	0	0			.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0			.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4			202.37		50.59	.001	101.19	.03
HOSPICE SERVICES	0	0			.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	120	1,304			15,413.30		11.82	.179	128.44	2.12
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	191	14,650			17,618.76		1.20	2.015	92.24	2.42
@CALIF. CHILDREN SERVICES*	84	1,791	\$		115,408.72	\$	64.44	.246	\$ 1373.91	\$ 15.87
@XOVER EXCLUDING STATE HOSP**	873	4,779	\$		123,683.66	\$	25.88	.657	\$ 141.68	\$ 17.01

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,933
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

----- MONTHLY AVERAGE -----5,023 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2,567 10,550 839,857.03 \$ 79.61 2.100 \$ 327.17 \$ 167.20 @PHYSICIANS SERVICES 283 790 33,343.42 42.21 .157 \$ 117.82 \$ 6.64 OUTPATIENT VISITS 98 165 5,360.99 32.49 .033 54.70 1.07 64 71 2,880.78 40.57 .014 45.01 .57 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 23 27 67.08 EMERGENCY ROOM 1,542.94 57.15 .005 .31 PREVENTIVE CARE 2 101.96 50.98 .000 50.98 .02 OB VISITS/COMPRE PERI 59 694.29 11.77 .012 138.86 .14

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	6	6	141.02		.001	23.50	.03
INPATIENT VISITS	16	83	3,896.41		.017	243.53	.78
HOSPITAL VISITS	16	78	3,288.41		.016	205.53	.65
CRITICAL CARE	1	5	608.00	121.60	.001	608.00	.12
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79	.01
EXAMINATIONS	1	1	57.79	57.79	.000	57.79	.01
SERVICES AND MATERIALS	0	0	.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	128	13,400.87		.025	705.31	2.67
PRINCIPAL SURGEON	13	26	11,342.05		.005	872.47	2.26
ASSISTANT SURGEON	1	1	145.94		.000	145.94	.03
ANESTHESIOLOGIST	7	101	1,912.88	18.94	.020	273.27	.38
OUTPATIENT SURGERY	18	62	3,680.19		.012	204.46	.73
PRINCIPAL SURGEON	13	13	2,451.24		.012	188.56	. 49
	1	13	93.08		.003	93.08	.02
ASSISTANT SURGEON	5	48					.02
ANESTHESIOLOGIST			1,135.87		.010	227.17	
DIALYSIS	0	0	.00		.000	.00	.00
PATHOLOGY	32	48	1,791.65		.010	55.99	.36
RADIOLOGY	147	228	3,694.83		.045	25.13	.74
PSYCHIATRY	2	2	146.58		.000	73.29	.03
IMMUNIZATION AND INJECTION	1	1	57.76		.000	57.76	.01
OTHER SERVICES/ALL X-OVERS	22	72	1,256.35		.014	57.11	. 25
@PHARMACY	1,189	2,743 \$			.546		
PRESCRIPTION DRUGS	1,188	2,689	131,082.22	48.75	.535	110.34	26.10
SNF/ICF	2	5	150.19	30.04	.001	75.10	.03
OUTPATIENTS	1,187	2,684	130,932.03	48.78	.534	110.30	26.07
MEDICAL SUPPLIES	13	54	537.59	9.96	.011	41.35	.11
@DENTIST	48	241 \$	10,523.00	\$ 43.66	.048	219.23	\$ 2.09
VISITS - DIAGNOSTIC	34	90	1,956.00		.018	57.53	.39
ORAL SURGERY	9	57	3,647.00	63.98	.011	405.22	.73
DRUGS	2	2	50.00		.000	25.00	.01
ANESTHESIA	_ 6	_ 6	500.00		.001	83.33	.10
PERIODONTICS	0	0	.00		.000	.00	.00
ENDODONTICS	2	6	426.00		.001	213.00	.08
RESTORATIVE DENTISTRY	14	67	3,167.00		.013	226.21	.63
PROSTHETICS	0	0	.00		.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.000	.00	.00
SPACE MAINTAINERS	1	1	111.00		.000	111.00	.00
MAXILLOFACIAL SERVICES	1	1	.00		.000	.00	.02
	0	0				.00	.00
FRACTURES, DISLOCATIONS	6	0	.00		.000		
ORTHODONTIC SERVICES	6	9	630.00		.002	105.00	.13
ALL OTHER SERVICES	6	3	36.00	12.00	.001	6.00	.01
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 9,934
MOP024	FEE-FOR-SERVICE						01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-33	35 40 42 3A-3M 3P	3R 3U 3W 4C-4G			
							GE
5,023 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	147	397 \$	9,044.98	\$ 22.78	.079	61.53	\$ 1.80

							1-10	DIA I	אאמיא דעוו.	101	
5,023 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	147	397	\$	9,044.98	\$	22.78	.079	\$	61.53	\$	1.80
DIAGNOSTIC AND ANC. PROCED	101	103		4,489.59		43.59	.021		44.45		.89
EYE APPLIANCES	99	280		4,365.46		15.59	.056		44.10		.87
OTHER OPTOMETRIC SERVICES	10	14		189.93		13.57	.003		18.99		.04
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	2	\$	73.31	\$	36.66	.000	\$	36.66	\$	.01
MEDICINE/INJECTIONS	2	2		73.31		36.66	.000		36.66		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00

MIDGE AMEGRIEGICE	0	,	Υ	224.02	٠ ۲	74.00	.001	, Y	202.01	Ś	.10
NURSE ANESTHESIST	0	0	Ģ A	.00	\$	.00	.000	\$	.00		.00
NURSE MIDWIFE		0	Ş	.00	Ş	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	590	2,348	\$	313,024.40	\$	133.32	.467	\$	530.55	\$	62.32
HOSP INPATIENT TOTAL	21	91		243,980.54		2681.10	.018		11618.12		48.57
HSC HOSPITALS	2	9		10,422.00		1158.00	.002		5211.00		2.07
NON-HSC HOSPITAL TOTAL	18	80		232,718.54		2908.98	.016		12928.81		46.33
ACCOMMODATIONS	18	80		117,582.39		1469.78	.016		6532.36		23.41
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.09
	0	0		.00		.00	.000				
TRANSITIONAL IP CARE	-	_							.00		.00
ALL OTHER ACCOM	18	78		117,119.79		1501.54	.016		6506.66		23.32
ANCILLARIES	18	0		115,136.15		.00	.000		6396.45		22.92
INPATIENT CROSSOVERS	1	2		840.00		420.00	.000		840.00		.17
ALL OTHER INPATIENT	0	0 2,257 467		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	577	2,257		69,043.86		30.59	.449		119.66		13.75
MEDICAL	352	467		21,659.67		46.38	.093		61.53		4.31
SURGERY	36	43		4,644.21		108.00	.009		129.01		.92
PATHOLOGY	197	633		7,197.34		11.37	.126		36.53		1.43
RADIOLOGY	147	205		11,613.82		56.65	.041		79.01		2.31
ROOM USE	380	480		18,964.51		39.51	.096		49.91		3.78
CROSSOVERS/ALL OTH OUTPTNT		429		4,964.31		11.57	.085		24.33		.99
	0		4	•	\$			4		4	
@COUNTY HOSPITAL TOTAL			\$	.00	Ş	.00	.000	Ş	.00	Þ	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ô	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	U		.00		.00	.000		.00		.00
RADIOLOGY	Ü	Ü		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MO	NTH-OF-PAYMENT RI	EPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 9,935
MOP024	FEE-FOR-SERVICE	DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-3	3 35	40 42 3A-3M 3P 3	3R 3	U 3W 4C-4G					
								ONT	HLY AVERA	GE	
5,023 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST					COST PER
-,	0.0	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	590		\$	313,024.40		133.32	.467				62.32
COMM HOSP INPATIENT TOTAL	21	91	Y	243,980.54	Y	2681.10			11618.12	Y	48.57
				·			.018				
HSC HOSPITALS	2	9		10,422.00		1158.00	.002		5211.00		2.07
NON-HSC HOSPITALS TOTAL	18	80		232,718.54		2908.98	.016		12928.81		46.33
ACCOMMODATIONS	18	80		117,582.39		1469.78	.016		6532.36		23.41
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	78		117,119.79		1501.54	.016		6506.66		23.32
ANCILLARIES	18	0		115,136.15		.00	.000		6396.45		22.92
INPATIENT CROSSOVERS											
INFAITENI CKOSSOVEKS	1	2		840.00		420.00	.000		840.00		.17
	1 0										
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

7 \$

524.02 \$ 74.86 .001 \$ 262.01 \$ .10

@HOME HEALTH AGENCY

2

SURGERY PATHOLOGY	36 197	43 633	4,644.21 7,197.34	108.00 11.37	.009 .126	129.01 36.53	.92 1.43
RADIOLOGY	147	205	11,613.82	56.65	.041	79.01	2.31
ROOM USE	380	480	18,964.51	39.51	.096	49.91	3.78
CROSSOVERS/ALL OTH OUTPINT	204	429	4,964.31	11.57	.085	24.33	.99
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	90	203	\$	3,478.18	\$	17.13	.040	\$	38.65	\$	.69
PATHOLOGY	90	203		3,478.18		17.13	.040		38.65		.69
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,264	2,012	\$	308,308.38	\$	153.23	.401	\$	243.91	\$	61.38
CLINIC	9	31		1,397.65		45.09	.006		155.29		.28
SURGICENTER	3	27		830.22		30.75	.005		276.74		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,257	1,954		306,080.51		156.64	.389		243.50		60.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	JRES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 9,936
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR CGF 30	)-33	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-40	3				

----- MONTHLY AVERAGE -----5,023 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 396 1,807 \$ 29,917.53 \$ 16.56 .360 \$ 75.55 \$ 5.96 8 9 176.43 198.48 DURABLE MED. EQUIP. 1,587.85 .002 .32 .00 .00 BLOOD BANK 0 0 .00 .000 .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 49.64 763.67 200 9,927.76 MEDICAL TRANSPORTATION 13 .040 1.98 AMBULANCES/AIR TRANS 197 4,527.76 22.98 .039 348.29 .90 OTHER TRANS 0 0 .00 .00 .000 .00 .00 5,400.00 1800.00 OTHER SERVICES 3 .001 1800.00 1.08 .000 ACUPUNCTURE 0 .00 .00 .00 .00 .00 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .000 .00 GENETIC DISEASE TESTING .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 0 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 10.04 213 2,139.48 OPTICIAN .042 22.06 .43 1,029.41 .20 PHYSICAL THERAPIST 14.71 .014 102.94 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 .00 .00 .000 PROSTHETIST/ORTHOTISTS .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .000 .00 SPEECH AND AUDIOLOGY .00 1,308 .00 .00 .000 HOSPICE SERVICES .00 .00 0 .00 .00 .000 .00 NONINST BIRTHING CENTERS Ο .00 15,023.76 11.49 .260 55.23 2.99 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 0 .00 RESPIRATORY CARE PRACT. 0 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 7 ALL OTHER PROVIDERS 209.27 29.90 .001 104.64 .04 18 1 2,314.40 @CALIF. CHILDREN SERVICES\* 128.58 .004 \$ 257.16 \$ .46 @XOVER EXCLUDING STATE HOSP\*\* 851.28 \$ 851.28 .000 \$ 851.28 \$ .17

PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,937 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

13,596 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,482	159,210 \$	5,928,290.41	\$ 37.24	11.710 \$	625.22	
@PHYSICIANS SERVICES	1,626	5,968 \$	223,408.61	\$ 37.43	.439 \$		\$ 16.43
OUTPATIENT VISITS	401	553	20,616.10	37.28	.041	51.41	1.52
OFFICE VISITS	276	347	12,649.01	36.45	.026	45.83	.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	80	88	5,251.01	59.67	.006	65.64	.39
PREVENTIVE CARE	2	2	101.96	50.98	.000	50.98	.01
OB VISITS/COMPRE PERI	5 52	59 57	694.29	11.77	.004	138.86	.05
OTHER OUTPATIENT	110	57 570	1,919.83	33.68	.004	36.92	.14
INPATIENT VISITS	105	490	29,145.72	51.13 39.06	.042 .036	264.96 182.27	2.14 1.41
HOSPITAL VISITS CRITICAL CARE	13	72	19,138.23 9,705.38	134.80	.005	746.57	.71
SNF/ICF/TRANS IP CARE	3	8	302.11	37.76	.001	100.70	.02
OPHTHALMOLOGICAL SERVICES	14	14	561.21	40.09	.001	40.09	.04
EXAMINATIONS	14	14	561.21	40.09	.001	40.09	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	63	441	38,592.65	87.51	.032	612.58	2.84
PRINCIPAL SURGEON	47	80	30,690.71	383.63	.006	652.99	2.26
ASSISTANT SURGEON	3	3	427.76	142.59	.000	142.59	.03
ANESTHESIOLOGIST	23	358	7,474.18	20.88	.026	324.96	.55
OUTPATIENT SURGERY	77	275	18,573.31	67.54	.020	241.21	1.37
PRINCIPAL SURGEON	63	82	14,882.35	181.49	.006	236.23	1.09
ASSISTANT SURGEON	1	1	93.08	93.08	.000	93.08	.01
ANESTHESIOLOGIST	20	192	3,597.88	18.74	.014	179.89	.26
DIALYSIS	2	12	989.04	82.42	.001	494.52	.07
PATHOLOGY	134	277	6,627.13	23.92	.020	49.46	.49
RADIOLOGY	546	1,048	24,939.66	23.80	.077	45.68	1.83
PSYCHIATRY	5	5	366.45	73.29	.000	73.29	.03
IMMUNIZATION AND INJECTION	20	991	44,831.80	45.24	.073	2241.59	3.30
OTHER SERVICES/ALL X-OVERS	712	1,782	38,165.54	21.42	.131	53.60	2.81
@PHARMACY	7,161	61,667 \$	2,641,903.57	\$ 42.84	4.536 \$	368.93	
PRESCRIPTION DRUGS	7,122	28,527	2,596,433.63	91.02	2.098	364.57	190.97
SNF/ICF	75	559	40,182.59	71.88	.041	535.77	2.96
OUTPATIENTS	7,058 329	27,968 33,140	2,556,251.04 45,469.94	91.40 1.37	2.057 2.437	362.18 138.21	188.01 3.34
MEDICAL SUPPLIES @DENTIST	329 117	540 \$	23,591.85	\$ 43.69	.040 \$		
VISITS - DIAGNOSTIC	77	247	4,646.85	18.81	.018	60.35	.34
ORAL SURGERY	20	97	6,007.00	61.93	.007	300.35	.44
DRUGS	2	2	50.00	25.00	.000	25.00	.00
ANESTHESIA	9	9	800.00	88.89	.001	88.89	.06
PERIODONTICS	4	6	900.00	150.00	.000	225.00	.07
ENDODONTICS	5	10	946.00	94.60	.001	189.20	.07
RESTORATIVE DENTISTRY	28	129	6,599.00	51.16	.009	235.68	.49
PROSTHETICS	0	1	30.00	30.00	.000	.00	.00
DENTURES, STAYPLATES	8	15	2,136.00	142.40	.001	267.00	.16
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.01
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	14	19	1,330.00		.001	95.00	.10
ALL OTHER SERVICES	8	4	36.00	9.00		4.50	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	C 2003	PAGE 9,938
MOP024	FEE-FOR-SERVICE						01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	· - TOTAL		14017		<b>C</b> E
12 EQ6 ELTCIDIES	נומהטמ	INITE OF CEDITOR	EADEMDILLIDEG	MITTED A CEL CO CE	MON'		
13,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	FYLFUDIIOKĘS	AVERAGE COST PER UNIT/DAY		USER	COST PER ELIGIBLE
@OPTOMETRIST	615	1,744 \$	47,206.24	\$ 27.07	.128 \$		
DIAGNOSTIC AND ANC. PROCED	275	281	12,193.17	43.39	.021	44.34	.90
ZIIIOIOOIIC IIID IIIC. IIIOCED	213	201	12,100.1	13.37	. 021	11.51	

EYE APPLIANCES	466	1,332	32,685.04	24.54	.098	70.14	2.40
OTHER OPTOMETRIC SERVICES	86	131	2,328.03	17.77	.010	27.07	.17
	7		150.48	\$ 16.72	.001 \$		
@CHIROPRACTOR	7			•			
VISITS		9	150.48	16.72	.001	21.50	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	8 \$	506.56	\$ 63.32	.001 \$	84.43	\$ .04
MEDICINE/INJECTIONS	2	2	73.31	36.66	.000	36.66	.01
SURGERY/ANES.	1	1	281.65	281.65	.000	281.65	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	5	151.60	30.32	.000	50.53	.01
@HOME HEALTH AGENCY	63	369 \$	25,174.80	\$ 68.22	.027 \$		\$ 1.85
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 Š	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	2,461	12,014 \$	1,480,636.29	\$ 123.24	.884 \$		
HOSP INPATIENT TOTAL	196	780	1,151,086.47	1475.75	.057	5872.89	84.66
			·				
HSC HOSPITALS	31	149	191,720.00	1286.71	.011	6184.52	14.10
NON-HSC HOSPITAL TOTAL	83	374	897,108.17	2398.68	.028	10808.53	65.98
ACCOMMODATIONS	82	374	344,388.87	920.83	.028	4199.86	25.33
ADMINISTRATIVE DAYS	3	12	2,775.60	231.30	.001	925.20	.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	81	362	341,613.27	943.68	.027	4217.45	25.13
ANCILLARIES	83	0	552,719.30	.00	.000	6659.27	40.65
	84	257	•			741.17	
INPATIENT CROSSOVERS			62,258.30	242.25	.019		4.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,375	11,234	329,549.82	29.34	.826	138.76	24.24
MEDICAL	882	1,427	70,639.94	49.50	.105	80.09	5.20
SURGERY	114	129	14,869.56	115.27	.009	130.43	1.09
PATHOLOGY	859	3,582	40,418.06	11.28	.263	47.05	2.97
RADIOLOGY	565	856	65,542.90	76.57	.063	116.01	4.82
ROOM USE	957	1,352	54,476.65	40.29	.099	56.92	4.01
CROSSOVERS/ALL OTH OUTPTNT		3,888	83,602.71	21.50	. 286	70.55	6.15
@COUNTY HOSPITAL TOTAL	4	18 \$	2,474.34	\$ 137.46	.001 \$		
CO HOSPITAL INPATIENT TOTAL		2	2,200.00	1100.00	.000	2200.00	.16
HSC HOSPITALS	1	2	2,200.00	1100.00	.000	2200.00	.16
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0 0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM			.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	16	274.34	17.15	.001	91.45	.02
MEDICAL	2	2	50.56	25.28	.000	25.28	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	1	2					.00
RADIOLOGY	1		64.97	32.49	.000	64.97	
ROOM USE	2	2	71.38	35.69	.000	35.69	.01
CROSSOVERS/ALL OTH OUTPTNT		10	87.43	8.74	.001	87.43	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	003 THRU DE	C 2003	PAGE 9,939
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT -	TOTAL				
					MON	THLY AVERA	GE
13,596 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
10,000 11101111111111111111111111111111	ODLIND	OR DAYS OF CARE	2211 2112 1 1 01(11)	PER UNIT/DAY		USER	ELIGIBLE
					בדור אוני	ODER	пптатрпр
	2 450	_	1 470 161 05				
@COMMUNITY HOSPITAL TOTAL	2,459	11,996 \$	1,478,161.95	\$ 123.22	.882 \$	601.12	\$ 108.72
COMM HOSP INPATIENT TOTAL	195	11,996 \$ 778	1,148,886.47	\$ 123.22 1476.72	.882 \$ .057	601.12 5891.73	\$ 108.72 84.50
		11,996 \$		\$ 123.22	.882 \$	601.12	\$ 108.72

NON-HSC HOSPITALS TOTAL	83	374		897,108.17		2398.68	.028		10808.53		65.98
ACCOMMODATIONS	82	374		344,388.87		920.83	.028		4199.86		25.33
ADMINISTRATIVE DAYS	3	12		2,775.60		231.30	.001		925.20		.20
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	81	362		341,613.27		943.68	.027		4217.45		25.13
ANCILLARIES	83	0		552,719.30		.00	.000		6659.27		40.65
INPATIENT CROSSOVERS	84	257		62,258.30		242.25	.019		741.17		4.58
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,373	11,218		329,275.48		29.35	.825		138.76		24.22
MEDICAL	880	1,425		70,589.38		49.54	.105		80.22		5.19
SURGERY	114	129		14,869.56		115.27	.009		130.43		1.09
PATHOLOGY	859	3,582		40,418.06		11.28	.263		47.05		2.97
RADIOLOGY	564	854		65,477.93		76.67	.063		116.10		4.82
ROOM USE	956	1,350		54,405.27		40.30	.099		56.91		4.00
CROSSOVERS/ALL OTH OUTPTNT	1,184	3,878		83,515.28		21.54	.285		70.54		6.14
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	57	1,406	\$	255,374.92	\$	181.63	.103	\$	4480.26	\$	18.78
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	57	1,406		255,374.92		181.63	.103		4480.26		18.78
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
ICF DD/DDCN  @HEMODIALYSIS TOTAL  HOSPITAL BASED  HEMODIALYSIS CENTER  @REHABILITATION FACILITY  HOSPITAL BASED  INDEPENDENT FACILITY	15	21	\$	10,714.30	\$	510.20	.002	\$	714.29	\$	.79
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	15	21		10,714.30		510.20	.002		714.29		.79
@REHABILITATION FACILITY	8	81	\$	2,519.77	\$	31.11		\$	314.97	\$	.19
HOSPITAL BASED	7	57		2,096.96		36.79	.004		299.57		.15
INDEPENDENT FACILITY	1	24		422.81		17.62	.002		422.81		.03
@LABORATORY FACILITY	302	961	\$	12,807.93	\$	13.33	.071	\$	42.41	\$	.94
PATHOLOGY	299	949		12,713.67		13.40	.070		42.52		.94
XO AND OTHERS	3	12		94.26		7.86	.001		31.42		.01
@ORGANIZED OUTPATIENT CLINIC		6,972	\$	932,000.65	\$		.513	\$	238.30	\$	68.55
CLINIC	28	77		5,108.64		66.35	.006		182.45		.38
SURGICENTER	8	42		1,550.26		36.91	.003		193.78		.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,890	6,853		925,341.75		135.03	.504		237.88		68.06
#CALIF DEPT OF HEALTH SERV			IRES M	IONTH-OF-PAYMENT RI	EPORT	r for Jan 2	2003 THRU	DEC	2003	P	AGE 9,940
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- TOTAL				~		~-	
12 506 51 5655 56							M				
13,596 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
ONLI OFFIED DROUTDEDG	1 264	OR DAYS OF CAR		272 204 44		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,364	67,450	\$	272,294.44	\$	4.04	4.961	Ş	199.63	Ş	20.03
DURABLE MED. EQUIP.	131	1,391 0		59,440.49		42.73	.102		453.74 .00		4.37
BLOOD BANK	10	17		.00		.00 169.48	.000				.00
HEARING AID DISPENSERS	162			2,881.15		5.43	.001 1.594		288.12 726.29		.21 8.65
MEDICAL TRANSPORTATION	⊥0∠ 121	21,666		117,658.67		5.43 10.71	1.594		720.29 211 25		8.05 2.77

37,661.25

30,361.04

49,636.38

17,217.43

151.38

.00

19.74

1.58

88.16

18.92

68.87

.00

.140

1.412

.041

.001

.018

.000

311.25

1320.05

1240.91

50.46

.00

956.52

2.77

2.23

3.65

.01

1.27

.00

AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

121

23

40

18

3

0

1,908

19,195

563

250

8

0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	400	941	10,713.89	11.39	.069	26.78	.79
PHYSICAL THERAPIST	41	300	4,503.80	15.01	.022	109.85	.33
PORTABLE X-RAY	1	6	83.06	13.84	.000	83.06	.01
PROSTHETIST/ORTHOTISTS	12	37	4,484.79	121.21	.003	373.73	.33
PROSTHETICS	12	37	4,484.79	121.21	.003	373.73	.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	202.37	50.59	.000	101.19	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	403	2,800	32,570.48	11.63	.206	80.82	2.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	251	40,030	22,386.93	.56	2.944	89.19	1.65
@CALIF. CHILDREN SERVICES*	113	1,917	\$ 137,235.78	\$ 71.59	.141	\$ 1214.48	\$ 10.09
@XOVER EXCLUDING STATE HOSP**	1,213	6,260	\$ 181,953.00	\$ 29.07	.460	\$ 150.00	\$ 13.38

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,941
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MOPUZ4	FEE-FOK-SERVICE		10F0 D	DOGD AM	TATERATEC	3 TD GODDG 47	<b>CO</b>			01/23/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	185% P	ROGRAM ·	- INFANTS	AID CODES 47			~ _	
				_			MO			
271 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST			R	COST PER
		OR DAYS	OF CAR	E		PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	113		357	\$	38,184.09	\$ 106.96	1.317		1 \$	140.90
@PHYSICIANS SERVICES	19		115	\$	8,355.53	\$ 72.66	.424	\$ 439.7	6 \$	30.83
OUTPATIENT VISITS	10		20		982.19	49.11	.074	98.2	2	3.62
OFFICE VISITS	7		16		833.35	52.08	.059	119.0	5	3.08
HOME VISITS	0		0		.00	.00	.000	.0	0	.00
EMERGENCY ROOM	1		1		44.60	44.60	.004	44.6		.16
PREVENTIVE CARE	0		0		.00	.00	.000	.0		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	. 0		.00
OTHER OUTPATIENT	3		3		104.24	34.75	.011	34.7		.38
INPATIENT VISITS	3		12		1,041.87	86.82	.044	347.2		3.84
HOSPITAL VISITS	3		9		587.65	65.29	.033	195.8		2.17
CRITICAL CARE	2		3		454.22	151.41	.011	227.1		1.68
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.0		.00
	0		0					.0		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000			
EXAMINATIONS	0		0		.00	.00	.000	. 0		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.0		.00
INPATIENT HOSPITAL SURGERY	3		26		4,078.12	156.85	.096	1359.3		15.05
PRINCIPAL SURGEON	3		3		3,274.50	1091.50	.011	1091.5		12.08
ASSISTANT SURGEON	0		0		.00	.00	.000	.0		.00
ANESTHESIOLOGIST	1		23		803.62	34.94	.085	803.6		2.97
OUTPATIENT SURGERY	0		0		.00	.00	.000	.0		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	. 0		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.0	0	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.0	0	.00
DIALYSIS	0		0		.00	.00	.000	.0	0	.00
PATHOLOGY	0		0		.00	.00	.000	.0	0	.00
RADIOLOGY	7		15		249.28	16.62	.055	35.6	1	.92
PSYCHIATRY	0		0		.00	.00	.000	.0	0	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.0	0	.00
OTHER SERVICES/ALL X-OVERS	9		42		2,004.07	47.72	.155	222.6		7.40
@PHARMACY	37		57	\$	1,014.03	\$ 17.79	.210			
PRESCRIPTION DRUGS	37		57	4	1,014.03	17.79	.210	27.4		3.74
SNF/ICF	0		0		.00	.00	.000	.0		.00
OUTPATIENTS	37		57		1,014.03	17.79	.210	27.4		3.74
MEDICAL SUPPLIES	0		0		.00	.00	.000	.0		.00
@DENTIST	Ô		Ö	\$	.00	\$ .00	.000		0 \$	
VISITS - DIAGNOSTIC	Ô		Ô	Υ	.00	.00	.000	.0		.00
ORAL SURGERY	0		0		.00	.00	.000	.0		.00
DRUGS	0		0		.00	.00	.000	.0		.00
ANESTHESIA	0		0		.00	.00	.000	.0		.00
	0		0		.00	.00	.000	.0		
PERIODONTICS	0		0		.00					.00
ENDODONTICS	0		0			.00	.000	. 0		.00
RESTORATIVE DENTISTRY	U		0		.00	.00	.000	. 0		.00
PROSTHETICS	0		Ü		.00	.00	.000	. 0		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.0		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.0		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.0		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.0	U	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

MOP024

PLUMAS COUNTY

#CALIF DEPT OF HEALTH SERV

0 0

.00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

.00 .00 .000

.000

.00 .00

.00 .00 PAGE 9,942 01/29/04

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

0

0

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	103% PR	OGRAM -	INFANIS	AI.	D CODES 47	09			~=	
								M			GE	
271 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		Ö	т	.00	-T	.00	.000	т.	.00	т.	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		Ö		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	خ	.00	ċ.	.00	.000	\$	.00	بع	.00
	0		0	٠ ب		\$	.00			.00		.00
NURSE ANESTHESIST	0		0	\$ \$ \$					\$			
NURSE MIDWIFE	0		0	ې a		\$	.00	.000	\$	.00		.00
PEDIATRIC NURSE PRACTITIONER	•		0	\$		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	Ş	.00	\$	.00	.000		.00		.00
@TOTAL HOSPITAL	26		89	Ş		\$	146.28	.328	Ş	500.74	Ş	48.04
HOSP INPATIENT TOTAL	2		6		10,012.00		1668.67	.022		5006.00		36.94
HSC HOSPITALS	2		6		10,012.00		1668.67	.022		5006.00		36.94
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	25		83		3,007.31		36.23	.306		120.29		11.10
MEDICAL	18		32		1,361.37		42.54	.118		75.63		5.02
SURGERY	1		1		53.62		53.62	.004		53.62		.20
PATHOLOGY	2		4		42.25		10.56	.015		21.13		.16
RADIOLOGY	4		4		335.52		83.88	.015		83.88		1.24
ROOM USE	21		26		996.61		38.33	.096		47.46		3.68
	13		16		217.94					16.76		
CROSSOVERS/ALL OTH OUTPTNT	0		0	à		\$	13.62	.059	4	.00	4	.80
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	Ş	.00	.000	Ş		Þ	.00
CO HOSPITAL INPATIENT TOTAL	0				.00		.00	.000		.00		.00
HSC HOSPITALS	U		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Ō		.00		.00	.000		.00		.00
PATHOLOGY	n		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
KOOM ODE	U		U		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .000 .00 PAGE 9,943

.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV		JES AND EXPENDITURES MOD	NTH-OF-PAYMENT R.	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,943
MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE	JICES FOR 185% PROGRAM	_ TMEANTC	AID CODES 47	7 60		01/29/04
PLUMAS COUNTI	SUMMARI OF SER	VICES FOR 105% PROGRAM	- INFANIS	AID CODES 47	MON	א משינא ע דעייו	CF
271 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
Z/I EDIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	89 \$	13,019.31	\$ 146.28	.328 \$		
COMM HOSP INPATIENT TOTAL	20	6	10,012.00	1668.67	.022	5006.00	36.94
HSC HOSPITALS	2	6	10,012.00	1668.67	.022	5006.00	36.94
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
-	25	83	3,007.31	36.23	.306	120.29	11.10
COMM HOSP OUTPATIENT TOTAL MEDICAL	18	32	1,361.37	42.54	.118	75.63	5.02
SURGERY	1	1	53.62	53.62	.004	53.62	.20
PATHOLOGY	2	4	42.25	10.56	.015	21.13	.16
RADIOLOGY	4	4	335.52	83.88	.015	83.88	1.24
ROOM USE	21	26	996.61	38.33	.015	47.46	3.68
CROSSOVERS/ALL OTH OUTPTNT		16	217.94	13.62	.059	16.76	.80
	0	0 \$	.00	\$ .00	.000 \$		
@STATE HOSPITAL	0	0 Ş 0	.00	.00	.000 \$	.00	.00
MENTALLY ILL DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$		
LEV A-INTERMEDIATE	0	0 Ş	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	. 0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	, 0	0	.00	.00	.000	.00	.00
LEV B-SUBACUIE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000		\$ .00
HOSPITAL BASED	0	0 \$	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000		\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	65	95 \$	15,696.22	\$ 165.22	.351 \$		
CLINIC CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00	.00
RURAL HEALTH CLINIC	65	95	15,696.22	165 22	.351		57.92
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MOI					
MOP024	FEE-FOR-SERVICE		NIH-OF-PAIMENT R.	EPORI FOR UAIN	ZUUS IRKU DE	iC 2003	01/29/04
		JICES FOR 185% PROGRAM	TMEANTO	AID CODES 47	7 60		01/29/04
PLUMAS COUNTY	SUMMARI OF SERV	ATCES FOR TOSS PROGRAM	- TINL WINT D	AID CODES 47		א מישווא ע. דעידו	GE
271 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AMERAGE COST	MON UNITS/DAYS		COST PER
Z/I EUIGIDUES	Chaco	OR DAYS OF CARE	PVLPNDIIOKPO	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	OR DAIS OF CARE  1 \$	99.00		.004 \$		
STATE OTHER EKOATDERD	Τ.	_ γ	99.00	φ 22.00	.004 4	, , , , , , , , , , , , , , , , , , , ,	۱ د ۰

DURABLE MED. EQUIP.	1	1		99.00	99.00	.004	99.00	.37
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	94	\$	14,838.21	\$ 157.85	.347	\$ 2119.74	\$ 54.75
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARATE	TNFORMATION	TTEM O	NT.Y;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,945
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

1101110 000111	DOMINIMET OF DELI	CVICED FOR 1030 FROOME	I ICH CIVILIVI 71.	ID CODED II 10	10		
					MOI	NTHLY AVERA	GE
450 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	252	1,305 \$	168,485.56	\$ 129.11	2.900	\$ 668.59	\$ 374.41
@PHYSICIANS SERVICES	81	242 \$	23,088.43	\$ 95.41	.538	\$ 285.04	\$ 51.31
OUTPATIENT VISITS	16	20	1,161.19	58.06	.044	72.57	2.58
OFFICE VISITS	7	8	243.49	30.44	.018	34.78	.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.002	44.60	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	9	11	873.10	79.37	.024	97.01	1.94
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	21	68	6,532.71	96.07	.151	311.08	14.52
HOSPITAL VISITS	19	33	1,365.99	41.39	.073	71.89	3.04
CRITICAL CARE	2	35	5,166.72	147.62	.078	2583.36	11.48
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	83	12,524.96	150.90	.184	626.25	27.83
PRINCIPAL SURGEON	18	19	11,131.19	585.85	.042	618.40	24.74
ASSISTANT SURGEON	4	4	746.00	186.50	.009	186.50	1.66
ANESTHESIOLOGIST	4	60	647.77	10.80	.133	161.94	1.44
OUTPATIENT SURGERY	6	7	282.18	40.31	.016	47.03	.63
PRINCIPAL SURGEON	6	7	282.18	40.31	.016	47.03	.63

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	20	532.72	26.64	.044	35.51	1.18
RADIOLOGY	30	35	1,287.39	36.78	.078	42.91	2.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	9	767.28	85.25	.020	85.25	1.71
@PHARMACY	60	112	\$ 4,598.31	\$ 41.06	.249	\$ 76.64	\$ 10.22
PRESCRIPTION DRUGS	58	101	4,002.86	39.63	.224	69.01	8.90
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	58	101	4,002.86	39.63	.224	69.01	8.90
MEDICAL SUPPLIES	3	11	595.45	54.13	.024	198.48	1.32
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	0									
PERIODONTICS	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	U		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	U		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	DEG 1401	.00		.00	.000	550	.00	_	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES MON	NIH-OF-PAYMENI R	EPOR1	FOR JAN 2	2003 THRU	DEC	2003	Ρ.	AGE 9,946
MOP024	FEE-FOR-SERVICE		DOGD 7.14		TD 00	DEC 44 40	4.0				01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR 185% P	ROGRAM	- PREGNANT A	ידט ככ	DES 44 48				aп	
450 BI TOTRI BO	Hanna	IBITES OF SERVICE	_		7. 7. 7. 7.	DAGE GOGE	M				
450 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
CODEOMETR TOE	0	OR DAYS OF CAR		0.0		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	U		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	à	.00	4	.00	.000	4	.00	4	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	Ċ	.00	4	.00	.000	4	.00	4	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	Þ	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES. RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	4	ė	209.98	\$	52.50	.009	\$	69.99	\$	.47
NURSE ANESTHESIST		0	<u>ن</u> ب	.00	\$ \$	.00	.009	\$	.00	۶ \$	.00
NURSE MIDWIFE	3	17	<u>د</u> د	451.21	\$	26.54	.038	\$	150.40	۶ \$	1.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ģ.	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	4	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	124	504	Š	95,950.08		190.38	1.120	Ś	773.79	Š	213.22
HOSP INPATIENT TOTAL	19	60	Ÿ	85,553.25		1425.89	.133	Y	4502.80	٧	190.12
HSC HOSPITALS	2	6		6,948.04		1158.01	.013		3474.02		15.44
NON-HSC HOSPITAL TOTAL	17	54		78,605.21		1455.65	.120		4623.84		174.68
ACCOMMODATIONS	17	54		27,469.12		508.69	.120		1615.83		61.04
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	17	54		27,469.12		508.69	.120		1615.83		61.04
ANCILLARIES	17	0		51,136.09		.00	.000		3008.01		113.64
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	114	444		10,396.83		23.42	.987		91.20		23.10
MEDICAL	21	24		1,730.82		72.12	.053		82.42		3.85
SURGERY	17	28		1,125.65		40.20	.062		66.21		2.50
PATHOLOGY	77	245		2,564.35		10.47	.544		33.30		5.70
RADIOLOGY	29	26		1,825.76		70.22	.058		62.96		4.06
ROOM USE	36	60		2,137.54		35.63	.133		59.38		4.75
CROSSOVERS/ALL OTH OUTPTNT		61		1,012.71		16.60	.136		42.20		2.25
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
CO HOCDITAL INDATIENT TOTAL	0	0		0.0	•	0.0	000		0.0		0.0

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HSC HOSPITALS

ACCOMMODATIONS

0

0

0

0

0

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

	_	_									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	EPORT F	OR JAN	2003 THRU	DEC	2003	I	PAGE 9,947
	FEE-FOR-SERVICE		-	-	_						01/29/04
PLUMAS COUNTY		CES FOR 185% PRO	OGRAM	- PREGNANT Al	ID CODE	S 44 48	49				,,
								ONT	HLY AVERA	GE	
450 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAY				COST PER
130 1110111111	052115	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	124	504	\$	95,950.08	\$ 1		1.120		773.79	Ċ	
COMM HOSP INPATIENT TOTAL	19	60	Ÿ	85,553.25		25.89	.133	Y	4502.80	Y	190.12
HSC HOSPITALS	2	6		6,948.04		58.01	.013		3474.02		15.44
	17	54									
NON-HSC HOSPITALS TOTAL	17 17	54 54		78,605.21		55.65 08.69	.120		4623.84 1615.83		174.68 61.04
ACCOMMODATIONS	0			27,469.12	5		.120				
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
		0		.00	_	.00	.000		.00		.00
ALL OTHER ACCOM	17	54		27,469.12		08.69	.120		1615.83		61.04
ANCILLARIES	17	0		51,136.09		.00	.000		3008.01		113.64
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	114	444		10,396.83		23.42	.987		91.20		23.10
MEDICAL	21	24		1,730.82		72.12	.053		82.42		3.85
SURGERY	17	28		1,125.65		40.20	.062		66.21		2.50
PATHOLOGY	77	245		2,564.35		10.47	.544		33.30		5.70
RADIOLOGY	29	26		1,825.76		70.22	.058		62.96		4.06
ROOM USE	36	60		2,137.54		35.63	.133		59.38		4.75
CROSSOVERS/ALL OTH OUTPTNT	24	61		1,012.71		16.60	.136		42.20		2.25
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	٧	.00	¥	.00	.000	Y	.00	٧	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0		<u>ب</u>		<u>ب</u>			۲,		بي	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	•	0		.00	4	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	30	54	\$	1,091.33	•	20.21	.120	\$	36.38	\$	2.43
PATHOLOGY	30	54		1,091.33		20.21	.120		36.38		2.43
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	134	307	\$	41,287.11		34.49	.682	\$	308.11	\$	91.75
CLINIC	6	32		1,082.61		33.83	.071		180.44		2.41

 
 SURGICENTER
 0
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00</ 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49 UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CA ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

PER INIT/DAY PER ELIC USER ELICATION 450 ELIGIBLES USERS 19 ALL OTHER PROVIDERS
DURABLE MED. EQUIP.
BLOOD BANK @ALL OTHER PROVIDERS 0 MEDICAL TRANSPORTATION 7
AMBULANCES/AIR TRANS 7
OTHER TRANS 0
OTHER SERVICES 0
ACUPUNCTURE 0
ADULT DAY HEALTH CARE CTR 0
GENETIC DISEASE TESTING 1
IHMC, MODEL-NF, NF, AIDS MCCT CHMC, MODEL 1

OCCUPATIONAL THERAPIST

OPTICIAN

PHYSICAL THERAPIST 0

PORTABLE X-RAY 0

PROSTHETIST/ORTHOTISTS 0

PROSTHETICS 0

ORTHOTICS 0

0 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST PSYCHOLOGISI
SPEECH AND AUDIOLOGY
HOSPICE SERVICES
NONINST BIRTHING CENTERS
LOCAL EDUCATION AGENCIES
EPSDT SUPPLEMENTAL SERVICE 

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,949 MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 01/29/04

AS COUNTY

16 ELIGIBLES

AL, ALL PROVIDERS

YSICIANS SERVICES

OUTPATIENT VISITS

OFFICE VISITS

HOME VISITS

EMERGENCY ROOM

PREVENTIVE CARE

OB VISITS/COMPRE PERI

OTHER OUTPATIENT

INPATIENT VISITS

O

O

O ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1 \$ 0 \$ 0 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHINGHOUGHCIM BERVICED	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		Ô		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
	0		0									
PRINCIPAL SURGEON	U		Ü		.00		.00	.000		.00		.00
ASSISTANT SURGEON	Ü		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		Ô		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	Õ		0		.00		.00	.000		.00		.00
	0		-									
OTHER SERVICES/ALL X-OVERS	U		0	_	.00		.00	.000	_	.00		.00
@PHARMACY	Ü		0	\$	.00	Ş	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$	.00	Ś	.00		\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0	Y	.00	٧	.00	.000	Υ	.00	٧	.00
	0		0									
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	Ü		Ü		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		Ô		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
	0		0									
MAXILLOFACIAL SERVICES	U		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Ü		Ü		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITUR	ES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2003 THRU I	DEC 20	03	P	AGE 9,950
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE	76				
								MC	NTHIY	AVERA	GE	
16 ELIGIBLES	USERS	UNITS OF	SEBVICE		EXPENDITURES	77. T.	PACE COST	UNITS/DAYS		T PER		COST PER
IO DDIGIDDD	овыкв		OF CARE		EMI ENDITORED			PER ELIG		SER		ELIGIBLE
ACDITION FIRD T.CIT.	0	OK DAIS			0.0							
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	Ō		Ö		.00		.00	.000		.00		.00
@PODIATRIST	0		Ö	Ġ	.00	Ġ	.00		\$	.00	\$	.00
	0			Ą		Ą		.000	Ą		Ą	
MEDICINE/INJECTIONS			0		.00		.00			.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ś	.00	Ś	.00	.000	\$	.00	Ś	.00

SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES

0

0

.00

.00

.000

.00

.00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

DADTOLOGY	0	0	.00	0.0	000	.00		0.0
RADIOLOGY				.00	.000			.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	Ô	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0						.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	Ü	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	Ô	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
	0	0						
ROOM USE	U	U	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003		9,951
MOP024	FEE-FOR-SERVICE/D						01/	/29/04
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR 60-DAY POST	PARTUM PROGRAM	AID CODE	76			
					MONT		3E	
16 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGI	IBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	Ô	Ô	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
	0	0						
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	Ü	Ü	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	Ô	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	Ÿ	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
		· · · · · · · · · · · · · · · · · · ·					Ċ	
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED		0	.00	.00	.000	.00		.00
ELV E SOBRECTE HOTTE BRIDES	0	· ·						0.0
	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	•		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0 0	.00	.00	.000	.00	\$	.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	0	0 0	.00	.00 \$ .00	.000 .000 \$	.00	\$	.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH	0 0 0	0 0 0 \$	.00 .00 .00	.00 \$ .00 .00	.000 .000 \$ .000	.00 .00 .00	\$	.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD	0 0 0 0 0	0 0 0 0 \$ 0	.00 .00 .00 .00	.00 \$ .00 .00 .00	.000 .000 \$ .000 .000	.00 .00 .00	\$	.00 .00 .00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDD/DDCN	0 0 0 0 0 0	0 0 0 \$ 0 0	.00 .00 .00 .00	\$ .00 \$ .00 .00 .00	.000 .000 \$ .000 .000	.00 .00 .00 .00		.00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD	0 0 0 0 0	0 0 0 0 \$ 0	.00 .00 .00 .00	.00 \$ .00 .00 .00	.000 .000 \$ .000 .000	.00 .00 .00		.00 .00 .00

HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	4	.00	4	.00	.000	т.	.00	т.	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0		0	•	.00	•	.00	.000		.00	•	.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		1	\$	277.15	\$	277.15	.063	\$	277.15	\$	17.32
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1		1		277.15		277.15	.063		277.15		17.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITU	RES M	ONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 9,952
MOP024	FEE-FOR-SERVICE	DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE	76				
								N	ITMON	HLY AVERA	GE -	
16 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	ZS (	COST PER	(	COST PER
		OR DAYS	OF CAR	E			UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPICE SERVICES

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES\*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP\*\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL

0

PLUMAS COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

				MONTHLY A					
737 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAG	E COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UN	IT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	366	1,663	\$ 206,946.80	\$ 12	4.44	2.256	\$ 565.43	\$	280.80
@PHYSICIANS SERVICES	100	357	\$ 31,443.96	\$ 8	8.08	.484	\$ 314.44	\$	42.66

.00

.00

.00

.00

.00

.00

.00

.00

.00 \$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

PAGE 9,953

01/29/04

OUTPATIENT VISITS	26	40		2,143.38		53.58	.054		82.44		2.91
OFFICE VISITS	14	24		1,076.84		44.87	.033		76.92		1.46
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		89.20		44.60	.003		44.60		.12
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	9	11		873.10		79.37	.015		97.01		1.18
	2	3									
OTHER OUTPATIENT	3			104.24		34.75	.004		34.75		.14
INPATIENT VISITS	24	80		7,574.58		94.68	.109		315.61		10.28
HOSPITAL VISITS	22	42		1,953.64		46.52	.057		88.80		2.65
CRITICAL CARE	4	38		5,620.94		147.92	.052		1405.24		7.63
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	23	109		16,603.08		152.32	.148		721.87		22.53
	21	22		14,405.69		654.80	.030		685.99		19.55
PRINCIPAL SURGEON											
ASSISTANT SURGEON	4	4		746.00		186.50	.005		186.50		1.01
ANESTHESIOLOGIST	5	83		1,451.39		17.49	.113		290.28		1.97
OUTPATIENT SURGERY	6	7		282.18		40.31	.009		47.03		.38
PRINCIPAL SURGEON	6	7		282.18		40.31	.009		47.03		.38
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	15	20		532.72		26.64	.027		35.51		.72
	37	50				30.73			41.53		
RADIOLOGY				1,536.67			.068				2.09
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	18	51		2,771.35		54.34	.069		153.96		3.76
@PHARMACY	97	169 \$		5,612.34	\$	33.21	.229	\$	57.86	\$	7.62
PRESCRIPTION DRUGS	95	158		5,016.89		31.75	.214		52.81		6.81
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	95	158		5,016.89		31.75	.214		52.81		6.81
MEDICAL SUPPLIES	3	11		595.45		54.13	.015		198.48		.81
@DENTIST	0	0 \$		.00	\$	.00		\$	.00	ċ.	.00
	0				Ą			Þ		Ą	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
·	0	0									
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U	U		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH	-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU D	EC	2003	PA	GE 9,954
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY		ICES FOR 185% AND	60-DAY	PP TOTAL COL	DES 44	1 47 48 49	9 69 76				,,
I HOME COONII	BOTHLING OF BEICV	ICED FOR 1030 TAVE	00 1111	II IOIMH, COL	, 10	1 17 10 12	MO	ити	T.V AWEDA	CF _	
737 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17/7	ACE COCE	_			-	
121 FFIGIBLES	USERS			EXPENDITURES			UNITS/DAYS	C			OST PER
	-	OR DAYS OF CARE					PER ELIG	_	USER		LIGIBLE
@OPTOMETRIST	0	0 \$		.00	\$	.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$		.00	\$	.00		\$	.00	\$	.00
	•	т т			т.			•		т	
VISITS	0	0		.00		.00	.000		.00		.00

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 8	5	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	4 9	<b>5</b>	209.98	\$	52.50	.005	\$	69.99	\$	.28
NURSE ANESTHESIST	0	0 8	<b>5</b>	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3	17	\$	451.21	\$	26.54	.023	\$	150.40	\$	.61
PEDIATRIC NURSE PRACTITIONER	0	0 8	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0 5	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	150	593	\$	108,969.39	\$	183.76		\$		\$	147.86
HOSP INPATIENT TOTAL	21	66		95,565.25		1447.96	.090		4550.73		129.67
HSC HOSPITALS	4	12		16,960.04		1413.34	.016		4240.01		23.01
NON-HSC HOSPITAL TOTAL	17	54		78,605.21		1455.65	.073		4623.84		106.66
ACCOMMODATIONS	17	54		27,469.12		508.69	.073		1615.83		37.27
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	17	54		27,469.12		508.69	.073		1615.83		37.27
ANCILLARIES	17	0		51,136.09		.00	.000		3008.01		69.38
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	139	527		13,404.14		25.43	.715		96.43		18.19
MEDICAL	39	56		3,092.19		55.22	.076		79.29		4.20
SURGERY	18	29		1,179.27		40.66	.039		65.52		1.60
PATHOLOGY	79	249		2,606.60		10.47	.338		32.99		3.54
RADIOLOGY	33 57	30		2,161.28		72.04	.041		65.49		2.93
ROOM USE	5 / 37	86		3,134.15		36.44	.117		54.99		4.25
CROSSOVERS/ALL OTH OUTPTNT	0	77	4	1,230.65	ė.	15.98	.104	ė.	33.26	<u>ب</u>	1.67
@COUNTY HOSPITAL TOTAL	0		\$	.00	\$	.00	.000	Ş	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00 .00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICE	ES AND EXPENDITURES	S MONTE		EPOR'			DEC		PA	GE 9,955
	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	ICES FOR 185% AND	60-DAY	PP TOTAL, COL	DES	44 47 48 49	9 69 76				
							M	ONT	HLY AVERA	GE -	
737 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER	C	OST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	150	593	\$	108,969.39	\$	183.76	.805	\$	726.46	\$	147.86
COMM HOSP INPATIENT TOTAL	21	66		95,565.25		1447.96	.090		4550.73		129.67
HSC HOSPITALS	4	12		16,960.04		1413.34	.016		4240.01		23.01
NON-HSC HOSPITALS TOTAL	17	54		78,605.21		1455.65	.073		4623.84		106.66
ACCOMMODATIONS	17	54		27,469.12		508.69	.073		1615.83		37.27
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	17	54	27,469.12	508.69	.073	1615.83	37.27
ANCILLARIES	17	0	51,136.09	.00	.000	3008.01	69.38
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	139	527	13,404.14	25.43	.715	96.43	18.19
MEDICAL	39	56	3,092.19	55.22	.076	79.29	4.20
SURGERY	18	29	1,179.27	40.66	.039	65.52	1.60
PATHOLOGY	79	249	2,606.60	10.47	.338	32.99	3.54
RADIOLOGY	33	30	2,161.28	72.04	.041	65.49	2.93
ROOM USE	57	86	3,134.15	36.44	.117	54.99	4.25
CROSSOVERS/ALL OTH OUTPINT	37	77	1,230.65	15.98	.104	33.26	1.67
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0			00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			00	.00	.000		.00		.00
LEV B-REGULAR	0	0			00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		00 \$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			00	.00	.000		.00		.00
ICF DD	0	0			00	.00	.000		.00		.00
ICF DDN/DDCN	0	0			00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			00	.00	.000		.00		.00
@LABORATORY FACILITY	30	54	\$	1,091.	33 \$	20.21	.073	\$	36.38	\$	1.48
PATHOLOGY	30	54		1,091.	33	20.21	.073		36.38		1.48
XO AND OTHERS	0	0			00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	200	403	\$	57,260.	48 \$	142.09	.547	\$	286.30	\$	77.69
CLINIC	6	32		1,082.	61	33.83	.043		180.44		1.47
SURGICENTER	0	0			00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			00	.00	.000		.00		.00
RURAL HEALTH CLINIC	194	371		56,177.		151.42	.503		289.58		76.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES	MONTH-OF-PAYMEN	IT REPO	RT FOR JAN 2003	THRU	DEC	2003	PA	GE 9,956
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	185%	AND 6	60-DAY PP TOTAL,	CODES	44 47 48 49 69	76				

----- MONTHLY AVERAGE -----737 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 66 1,908.11 28.91 .090 95.41 \$ 2.59 DURABLE MED. EQUIP. 1 1 99.00 99.00 .001 99.00 .13 .00 BLOOD BANK 0 .00 .000 .00 .00 .00 .00 HEARING AID DISPENSERS .00 .000 .00 48 756.31 15.76 108.04 MEDICAL TRANSPORTATION .065 1.03 AMBULANCES/AIR TRANS 48 756.31 15.76 .065 108.04 1.03 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 945.00 105.00 105.00 1.28 GENETIC DISEASE TESTING .012 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 PSYCHOLOGIST .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 ALL OTHER PROVIDERS 107.80 13.48 .011 35.93 .15 14,838.21 157.85 .128 2119.74 @CALIF. CHILDREN SERVICES\* \$ \$ 20.13 @XOVER EXCLUDING STATE HOSP\*\* 0 0 .00 .00 .000 \$ .00 \$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,957 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

THOMAS COOMIT	BOINDING OF BLICK	TODO TOR TITLE II E	TORD TIODS	7112 CODE	MONT	יא מישווא עי דעי	70
126 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
120 FUIGIBLES	USERS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
emomai ali provincend	99		40,751.32				
@TOTAL, ALL PROVIDERS	19	1,091 \$ 48 \$	740.67	\$ 37.35 \$ 15.43	8.659 \$ .381 \$	411.63 38.98	\$ 323.42 \$ 5.88
@PHYSICIANS SERVICES	0	·		•	•		
OUTPATIENT VISITS	•	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00		.00	.00
OUTPATIENT SURGERY	0	0			.000		
PRINCIPAL SURGEON	•	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	48	740.67	15.43	.381	38.98	5.88
@PHARMACY	83	799 \$	25,012.64	\$ 31.30	6.341 \$	301.36	\$ 198.51
PRESCRIPTION DRUGS	82	340	23,684.80	69.66	2.698	288.84	187.97
SNF/ICF	2	9	777.20	86.36	.071	388.60	6.17
OUTPATIENTS	81	331	22,907.60	69.21	2.627	282.81	181.81
MEDICAL SUPPLIES	15	459	1,327.84	2.89	3.643	88.52	10.54
@DENTIST	1	11 \$	405.00	\$ 36.82	.087 \$	405.00	\$ 3.21
VISITS - DIAGNOSTIC	1	2	50.00	25.00	.016	50.00	.40
ORAL SURGERY	1	8	255.00	31.88	.063	255.00	2.02
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	ĺ	100.00	100.00	.008	100.00	.79
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0					
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	•	_	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0 MEDI GNI GEDITIC	O O O O O O O O O O O O O O O O O O O	.00.	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMEN'I' R	FLOKI LOK JAN	ZUUS THRU DEC	2003	PAGE 9,958

01/29/04

| PENDITURES | AVERAGE COST UNITS/DAYS | COST PER PER UNIT/DAY | PER ELIG | USER | S1.62 | \$2.46 | 47.45 | .38 | 191.13 | 17.38 | .087 | 47.45 | .38 | 191.13 | 17.38 | .087 | 47.45 | .38 | 191.13 | 17.38 | .087 | 47.45 | .38 | 191.13 | 17.38 | .087 | 47.45 | .38 | 191.13 | 17.38 | .087 | 47.45 | .00 | \$0.00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | . @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHTROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM 0 3 0 19 ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY 0 PATHOLOGY Ο 0 RADIOLOGY ROOM USE 0 19 76 CROSSOVERS/ALL OTH OUTPTNT 0 0 @COUNTY HOSPITAL TOTAL 0 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE 0
CROSSOVERS/ALL OTH OUTPTNT 0
ALIF DEPT OF HEALTH SERVI 0 0 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,959 01/29/04

MOP024

FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	ONT	HLY AVERA	GE	
126 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
	1.0	OR DAYS OF CARE	_	0.060.64		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19 3	79	\$	2,962.64		37.50	.627	\$	155.93	Ş	23.51
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0	3 0		2,333.33		777.78 .00	.024		777.78 .00		18.52 .00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	3		2,333.33		777.78	.024		777.78		18.52
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19	76		629.31		8.28	.603		33.12		4.99
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY PATHOLOGY	0	0		.00		.00 .00	.000		.00		.00 .00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	19	76		629.31		8.28	.603		33.12		4.99
@STATE HOSPITAL	0	0	\$	.00		.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	26	\$	5,092.10		195.85	.206	\$	5092.10	\$	40.41
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00 .00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	26		5,092.10		195.85	.206		5092.10		40.41
@INTERMEDIATE CARE FACILDD	0	0	\$	.00		.00	.000	\$	.00	\$	.00
ICF DDH	0	0	Ψ	.00		.00	.000	т	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	4	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00 .00
@LABORATORY FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	٧	.00	•	.00	.000	٧	.00	٧	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	52	96	\$	6,060.40	\$	63.13	.762	\$	116.55	\$	48.10
CLINIC	1	2		72.65		36.33	.016		72.65		.58
SURGICENTER	1	1		81.53		81.53	.008		81.53		.65
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	50	93	_~	5,906.22		63.51	.738	~	118.12	_	46.87
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MC	ONTH-OF-PAYMENT	REPOR'I	' FOR JAN 2	2003 THRU	DEC	2003	Ρ.	AGE 9,960
MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE	ICES FOR TITLE I	T DTC	DECYDD YCED		AID CODE	16				01/29/04
PLOMAS COUNTI	VALG TO TAAMMUG	ICES FOR IIILE I	I DIS	OKEGAKD - AGED		AID CODE	M	ONT.	HI.V AVERA	GE.	
126 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
120 211012110	00110	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	10	16	\$	168.18		10.51	.127		16.82		1.33
DURABLE MED. EQUIP.	0	0		.00	•	.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	1		.00		.00	.008		.00		.00

AMBULANCES/AIR TRANS	1	1	.00	.00	.008	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	121.58	12.16	.079	24.32	.96
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOODTON GERMANA	0	0		0.0	0.0	000	0.0	0.0
HOSPICE SERVICES	U	U		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	5		46.60	9.32	.040	11.65	.37
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	42	596	\$	5,340.06	\$ 8.96	4.730	\$ 127.14	\$ 42.38
@* TOTALS IN THESE LINES ARE GIVEN A	AS A SEPARATE	INFORMATION	ITEM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,961 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	LILTE I	T DIS	SREGARD - BLIND	AID	CODES 26	6A			
								MC			
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	3	COST PER	COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$	.00	.000	\$	.00	\$ .00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@PHARMACY	0		0	\$	.00	\$	.00	.000	\$	.00	\$ .00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
@DENTIST	0		0	\$	.00	\$	.00		\$	.00	\$ .00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	.00
ORAL SURGERY	0		0		.00		.00	.000		.00	.00
DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		0		.00		.00	.000		.00	.00
PERIODONTICS	0		0		.00		.00	.000		.00	.00
ENDODONTICS	0		0		.00		.00	.000		.00	.00

DECEMBER DENIET CEDY	0	0	.00	0.0	.000	0.0	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	
PROSTHETICS	U	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N					PAGE 9,962
MOP024	FEE-FOR-SERVICE		IONIII OI IIIIIIIIII KE	1 0101 1 010 0111 2	1005 IIIKO DE	2005	01/29/04
PLUMAS COUNTY		ICES FOR TITLE II D	CDECADD DITAD	AID CODES 26	67		01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR IIILE II DI	SKEGARD - BLIND	AID CODES 20			
00					MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0						
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	•
MEDICINE/INJECTIONS	U	Ü	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	. 0	0 4	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	0	0 \$ 0 \$	.00	\$ .00	•		\$ .00
	0	υ ş		•	.000 \$		•
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
	0	0		.00			
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0					
ADMINISTRATIVE DAYS	U	Û	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRII DEC	2003	PAGE 9,963
MOP024	FEE-FOR-SERVICE/DE			10111 1011 01111 2	OUS TIME DE	2003	01/29/04
			DECARD DI TAID	ATD GODDG OC	C 7		01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICE	S FOR TITLE II DIS	REGARD - BLIND	AID CODES 26			~-
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
COMM HOSP INPATIENT TOTAL	Ö	0	.00	.00	.000	.00	.00
	0						
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Ô	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
	0	0		.00		.00	
DEVELOP. DISABLED	0	•	.00		.000		.00
@NURSING FACILITY	U	0 \$	.00	\$ .00	.000 \$	.00	•
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
	0						
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	•
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
	0						
@REHABILITATION FACILITY	O	0 7	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	•				.00	
	Ü	0 \$	.00	\$ .00	.000 \$		\$ .00
CLINIC	0	Ü	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO					PAGE 9,964
		FIO.					

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

O						MON'	THLY AVERAG	E
### PROVIDERS 0 0 S .00 S .00 S .00 S .00 S .00 DURABLE MEDL EQUIP. 0 0 0 0 0 .00 .00 .00 .00 .00 .00 .00	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
DURABLE MED EQUIP.   0   0   0   00   00   00   00   00			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
BLOOD BANK	@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HERRING ALD DISPENSERS  0	DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION         0         0         .00	BLOOD BANK	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
OTHER TRANS O O O O O O O O O O O O O O O O O O O	MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER TRANS	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER SERVICES	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 0 0 0 0 0 00 00 00 00 00 00 00 00 100	ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP       0       0       .00       .	ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST         0         0         .00	GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
OPTICIAN         0         0         .00         .00         .00         .00         .00           PHYSICAL THERAPIST         0         0         .00         .00         .00         .00         .00         .00           PORTABLE X-RAY         0         0         .00	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST         0         0         .00	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY         0         0         .00	OPTICIAN	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS         0         0         .00	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS         0         0         .00         .00         .00         .00         .00           ORTHOTICS         0         0         .00         .00         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST         0         0         .0	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY       0       0       .00 <td>ORTHOTICS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES       0       0       .00	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS       0       0       .00	SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES       0       0       .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE       0       0       .00       .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.       0       0       .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
ALL OFFICE DECLIFIED $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0 .00 .00 .00 .00 .00	ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$ .00 \$ .00 \$ .00 \$ .00	@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP** 0 0 \$ .00 \$ .00 \$ .00 \$ .00		0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,965 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

I HOME COOKII	DOMINIME OF DELLAR	ICHO IOIC		LT DIDI		, ,,,,,,	CODED 30	00 00			
								MC	NTHLY AVERA	GE	
134 ELIGIBLES	USERS	UNITS OF	SERVICE	Ξ	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE	Ξ		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	87		743	\$	50,727.42	\$	68.27	5.545	\$ 583.07	\$	378.56
@PHYSICIANS SERVICES	13		35	\$	1,227.94	\$	35.08	.261	\$ 94.46	\$	9.16
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	35	1,227.94	35.08	.261	94.46	9.16
@PHARMACY	76	473	\$ 37,653.79	\$ 79.61	3.530	\$ 495.44	\$ 281.00
PRESCRIPTION DRUGS	76	463	37,636.34	81.29	3.455	495.22	280.87

SNF/ICF	4	15		1,732.85		115.52	.112	433.21		12.93
OUTPATIENTS	75	448		35,903.49		80.14	3.343	478.71		267.94
MEDICAL SUPPLIES	1	10		17.45		1.75	.075	17.45		.13
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITUR	ES MONTH-OF-	-PAYMENT RI	EPORT	FOR JAN 2	003 THRU I	DEC 2003	PA	GE 9,966
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- DISABLE	O AID	CODES 36	66 6C			

----- MONTHLY AVERAGE -----134 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 18 16.76 50.28 \$ @OPTOMETRIST 301.66 .134 \$ 2.25 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .112 15 245.03 16.34 40.84 1.83 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 3 56.63 18.88 .022 56.63 .42 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 0 .00 .00 .000 \$ .00 .00 .00 .00 .00 .000 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 .00 .00 .000 .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 \$ .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 \$ .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$ .00 @TOTAL HOSPITAL 3,499.28 43.74 .597 233.29 26.11 18.60 HOSP INPATIENT TOTAL 2,492.00 356.00 .052 830.67 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 2,492.00 356.00 .052 830.67 18.60 .000 ALL OTHER INPATIENT .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 73 1,007.28 13.80 .545 77.48 7.52 13 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PATHOLOGY RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 73 1,007.28 13.80 77.48 7.52 CROSSOVERS/ALL OTH OUTPTNT 13 .545 @COUNTY HOSPITAL TOTAL .00 \$ .00 .000 \$ .00 \$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,967
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/29/04

----- MONTHLY AVERAGE -----

PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

134 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
ACOMMINITAL HOODINAL MODAL	15	OR DAYS OF CARE		3,499.28	PER \$	UNIT/DAY 43.74	PER ELIG .597		USER 233.29		ELIGIBLE 26.11
@COMMUNITY HOSPITAL TOTAL	72	80	\$	•		356.00		Þ		Þ	
COMM HOSP INPATIENT TOTAL	3	/		2,492.00			.052 .000		830.67		18.60
HSC HOSPITALS	0	0		.00		.00			.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	U		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	7		2,492.00		356.00	.052		830.67		18.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13	73		1,007.28		13.80	.545		77.48		7.52
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	13	73		1,007.28		13.80	.545		77.48		7.52
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	420.00	\$	.00	.000	\$	420.00	\$	3.13
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		420.00		.00	.000		420.00		3.13
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00	•	.00

INDEPENDENT FACILITY	0	0	.00	)	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$ .00	) \$	.00	.000	\$ .00	\$	.00
PATHOLOGY	0	0	.00	)	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	)	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	21	31	\$ 2,728.85	\$	88.03	.231	\$ 129.95	\$	20.36
CLINIC	0	0	.00	)	.00	.000	.00		.00
SURGICENTER	0	0	.00	)	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	)	.00	.000	.00		.00
RURAL HEALTH CLINIC	21	31	2,728.85	· •	88.03	.231	129.95		20.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PA	GE 9,968
MOP024	FEE-FOR-SERVICE/DEN	TAL							01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD - DISABI	ED AID	CODES 36	66 6C			
						M	ONTHLY AVERA	AGE -	
12/ FITCIDIFC	TICEDC TINIT	TO OF CEDUTOR	סיווידרואים מיי	7,77	DACE COST	עמל/סתדואוז י	C COCT DED		יטכיד דייטטי

						VIRLI AVERAG	
134 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	19	106 \$	4,895.90	\$ 46.19	.791 \$	257.68	\$ 36.54
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	27	2,374.60	87.95	.201	2374.60	17.72
AMBULANCES/AIR TRANS	1	26	574.60	22.10	.194	574.60	4.29
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.007	1800.00	13.43
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	117.41	10.67	.082	23.48	.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	68	2,403.89	35.35	.507	171.71	17.94
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	36	180 \$	7,644.76	\$ 42.47	1.343	212.35	\$ 57.05
* TOTAL IN THESE TIMES AND CIV	באנו איט א מבים אר	TATE TATE TANDED AND THEM ONE	T 37 •				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,969
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

1 1011110	COUNTI	DOINING OF DELICE	TCDD IOIC		 DICEOTHED TIMESTED	-	7 10 0014 1 1140	711				
								MC	TNC	HLY AVERA	.GE	
	00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
			OR DAYS	OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL,	ALL PROVIDERS	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@PHYSICI	ANS SERVICES	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
OUTPAT	CIENT VISITS	0		0	.00		.00	.000		.00		.00
OFFI	CE VISITS	0		0	.00		.00	.000		.00		.00
HOME	VISITS	0		0	.00		.00	.000		.00		.00
EMEF	RGENCY ROOM	0		0	.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DDD:::::::::::::::::::::::::::::::::::	0		0.0	0.0	0.00	0.0	0.0
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	n	n	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	Ü	Ü	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	Ω	Λ	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0				.00	.00
	U	0	.00	.00	.000		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	n	n	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	U	0					
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Λ	Λ	.00	.00	.000	.00	.00
	0	0					
DIALYSIS	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0					
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
	0	- 1		•	·		
PRESCRIPTION DRUGS	Ū	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	n	0	.00	.00	.000	.00	.00
	0	_					
@DENTIST	U	0 \$		\$ .00	.000 \$		\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIA	Ü	Ü	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
RESTORATIVE DENTISTRY	U	0		.00	.000		
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	0	0					
MAXILLOFACIAL SERVICES	Ū	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	•	<u> </u>					
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT REP	ORT FOR JAN 2	1003 THRU DEC	2003	PAGE 9,970
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISR	EGARD - FAMILIES	DISCONTINU	IED		
					MONT	HIV AVERAC	F
00 81 10181 80	Hanna	INTEG OF GERMAN		ALTERACE COCE	_		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
		_					
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$ .00	.000 \$		\$ .00
	· ·	0		•			
VISITS		U	.00	.00	.000	.00	.00
OTHER SERVICES	0	•					
0111211 0211112020	0 0	0	.00	.00	.000	.00	.00
	ŭ	0		.00	.000		
@PODIATRIST	0 0	0 0 \$	.00	.00 \$ .00	.000 .000 \$	.00	\$ .00
@PODIATRIST MEDICINE/INJECTIONS	0 0 0	0 0 \$ 0	.00	.00 \$ .00 .00	.000 .000 \$ .000	.00	\$ .00
@PODIATRIST	0 0	0 0 \$	.00	.00 \$ .00	.000 .000 \$	.00	\$ .00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	KPENDITUR	RES MONTH-OF	-PAYMENT REPO	ORT FOR JAN 20	003 THRU DEC	2003	PAGE 9,971
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	DISCONTINUE			
					-	MONT	HLY AVERAG	E

					MON	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES N	MONTH-OF-PAYMENT	REPORT	r for Jan 2003	THRU	DEC	2003	PAGE	9,972
MOP024	FEE-FOR-SERVICE/DENTAL									01	L/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DI	ISREGARD - FAMILI	ES	DISCONTINUED					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 DURABLE MED. EQUIP. 0 0 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 .00 .00 @CALIF. CHILDREN SERVICES\* \$ .00 .000 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* .00 .00 .000 \$ .00 \$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I D	ISREGARD - T	OTAL							
0.50										HLY AVERA		
260 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDI	TURES		RAGE COST					COST PER
		OR DAYS OF CARE					UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	186	1,834	\$	91,4	78.74	\$	49.88	7.054		491.82		351.84
@PHYSICIANS SERVICES	32	83	\$	1,9	68.61	\$	23.72	.319	\$	61.52	\$	7.57
OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
	0	0			.00					.00		
SNF/ICF/TRANS IP CARE	0	0					.00	.000				.00
OPHTHALMOLOGICAL SERVICES	0	U			.00		.00	.000		.00		.00
EXAMINATIONS	U	U			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	32	83		1 0	68.61		23.72	.319		61.52		7.57
@PHARMACY	159	1,272	\$	·	66.43	\$	49.27	4.892		394.13	Ġ	241.02
PRESCRIPTION DRUGS	158	803	Ą		21.14	Ą	76.37	3.088		388.11	Ą	235.85
	6											
SNF/ICF		24		·	10.05		104.59	.092		418.34		9.65
OUTPATIENTS	156	779		·	11.09		75.50	2.996		376.99		226.20
MEDICAL SUPPLIES	16	469		·	45.29		2.87	1.804		84.08		5.17
@DENTIST	1	11	\$		05.00	\$	36.82	.042		405.00	Ş	1.56
VISITS - DIAGNOSTIC	1	2			50.00		25.00	.008		50.00		.19
ORAL SURGERY	1	8		2	55.00		31.88	.031		255.00		.98
DRUGS	0	0		_	.00		.00	.000		.00		.00
ANESTHESIA	1	1		1	00.00		100.00	.004		100.00		.38
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES I	MONTH-OF-PAY		EPORT					PΖ	AGE 9,974
MOP024	FEE-FOR-SERVICE			01 1111				2 2 2 2220				01/29/04
PLUMAS COUNTY		ICES FOR TITLE I	T D.	TSREGARD - T	ОТАТ.							01,20,01
2 2 3 1 1 1 2 3 3 1 1 1	SOUTH OF SERV		± D.	1					МОИТ	HLY AVERA	GF: -	
260 BLIGIBLES	Hanna	INITES OF SERVICE		EXDENDT	mi i n	7 T T T				COCH DED		TOOM DED

260 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	12	34	\$	611.35	\$	17.98	.131	Ġ	50.95	\$	2.35
DIAGNOSTIC AND ANC. PROCED	1	1	Ψ.	47.45	τ	47.45	.004	т	47.45	т	.18
EYE APPLIANCES	10	26		436.16		16.78	.100		43.62		1.68
OTHER OPTOMETRIC SERVICES	4	7		127.74		18.25	.027		31.94		.49
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	34	159	\$	6,461.92	Ş	40.64	.612	\$	190.06	\$	24.85
HOSP INPATIENT TOTAL	6 0	10		4,825.33		482.53	.038		804.22		18.56
HSC HOSPITALS NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00 .00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	10		4,825.33		482.53	.038		804.22		18.56
ALL OTHER INPATIENT	Ō	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	32	149		1,636.59		10.98	.573		51.14		6.29
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		149		1,636.59		10.98	.573		51.14		6.29
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00 .00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES N	MONTH-OF-PAYMENT R	EPORT	r for Jan	2003 THRU I	DEC	2003	PI	AGE 9,975
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DI	ISREGARD - TOTAL							
0.60 ========			_				MC				
260 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	s (			COST PER
edomminitary ilogramat momat	2.4	OR DAYS OF CAR		6 461 00			PER ELIG	ċ.	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	159	\$	6,461.92	\$	40.64	.612	Þ	190.06	Ş	24.85

COMM HOSP INPATIENT TOTAL	6	10	4,825.33	482.53	.038	804.22	18.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	10	4,825.33	482.53	.038	804.22	18.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	32	149	1,636.59	10.98	.573	51.14	6.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	32	149		1,636.59		10.98	.573		51.14		6.29
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	26	\$	5,512.10	\$	212.00	.100	\$	2756.05	\$	21.20
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	26		5,512.10		212.00	.100		2756.05		21.20
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	73	127	\$	8,789.25	\$	69.21	.488	\$	120.40	\$	33.80
CLINIC	1	2		72.65		36.33	.008		72.65		.28
SURGICENTER	1	1		81.53		81.53	.004		81.53		.31
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	71	124		8,635.07		69.64	.477		121.62		33.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES M	ONTH-OF-PAYMENT RE	EPOR'	r for Jan	2003 THRU	DEC	2003	Ρź	AGE 9,976
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DI	SREGARD - TOTAL							
							M	ONT	HLY AVERA	GE ·	

					MON	ITHLY AVERA	JE
260 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	29	122 \$	5,064.08	\$ 41.51	.469 \$	174.62	\$ 19.48
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	28	2,374.60	84.81	.108	1187.30	9.13
AMBULANCES/AIR TRANS	2	27	574.60	21.28	.104	287.30	2.21
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.004	1800.00	6.92
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	21	238.99	11.38	.081	23.90	.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	73	2,450.49	33.57	.281	136.14	9.42
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	78	776	\$ 12,984.82	\$ 16.73	2.985	\$ 166.47	\$ 49.94

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,977 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

PLUMAS COUNTY	SUMMARI OF SER	VICES FOR IN HOME	SUPE	ORI - AGED		AID CODE				
							MC			
431 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3 (	COST PER	COST PER
		OR DAYS OF CARE	3		PER		PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	394	12,362	\$	186,352.60	\$	15.07	28.682	\$	472.98	\$ 432.37
@PHYSICIANS SERVICES	91	235	\$	3,393.61	\$	14.44	.545	\$	37.29	\$ 7.87
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	.00
OFFICE VISITS	0	0		.00		.00	.000		.00	.00
HOME VISITS	0	0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	.00
INPATIENT VISITS	0	0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00	.00
CRITICAL CARE	0	0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	.00
EXAMINATIONS	0	0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	.00
	0	0								
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
DIALYSIS	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	91	235		3,393.61		14.44	.545		37.29	7.87
@PHARMACY	323	10,745	\$	87,695.06	\$	8.16	24.930	\$	271.50	\$ 203.47
PRESCRIPTION DRUGS	314	1,208		81,866.82		67.77	2.803		260.72	189.95
SNF/ICF	18	86		3,694.41		42.96	.200		205.25	8.57
OUTPATIENTS	299	1,122		78,172.41		69.67	2.603		261.45	181.37
MEDICAL SUPPLIES	42	9,537		5,828.24		.61	22.128		138.77	13.52
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	•	.00	•	.00	.000		.00	.00
ORAL SURGERY	0	0		.00		.00	.000		.00	.00
DRUGS	0	0		.00		.00	.000		.00	.00
ANESTHESIA	0	0		.00		.00	.000		.00	.00
PERIODONTICS	0	0		.00		.00	.000		.00	.00
ENDODONTICS	n	0		.00		.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	.00
PROSTHETICS	0	0		.00		.00	.000		.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	.00
DIIVE NUTIVIALIDAD	U	U		.00		. 0 0	.000		.00	.00

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .000 0 0 .00 .00 .00 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 .00 0 .00 ALL OTHER SERVICES .00 .000

.00

.00

.00

.00

01/29/04

PAGE 9,978

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR	IN HOME	SUPPOI	RT - AGED		AID CODE	18				
TEOTHE COUNTY	BOTH HILL OF BERVEY	SED I OIL	11, 110111	501101	11022		TIED CODE	Mo	. דאידאר	Y AVERA	GE.	
431 ELIGIBLES	USERS (	JNITS OF	SERVICE		EXPENDITURES	Δ17E	RAGE COST	UNITS/DAY:				COST PER
131 111011110	OBERS	OR DAYS						PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	19	OR DITTE	47	\$	759.35	\$	16.16	.109		39.97		1.76
DIAGNOSTIC AND ANC. PROCED	3		3	Y	73.46	Y	24.49	.007	Ų	24.49	Y	.17
	10		30		479.24		15.97	.070		47.92		1.11
EYE APPLIANCES	10									25.83		
OTHER OPTOMETRIC SERVICES	0		14 0	4	206.65	Ċ.	14.76	.032	4	.00	۲,	.48
@CHIROPRACTOR	0			\$	.00	\$	.00	.000	Þ		Þ	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0	ė.	.00	à	.00	.000	d	.00	4	.00
@PODIATRIST	0		0	\$		\$	.00	.000	\$	.00	Ş	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	Ü		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0 0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ş	.00		.00	.000		.00		.00
NURSE ANESTHESIST	0		0	Ş	.00		.00	.000		.00		.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$	.00	.000		.00		.00
@TOTAL HOSPITAL	80		465	\$	•	\$	24.06	1.079		139.87	\$	25.96
HOSP INPATIENT TOTAL	11		20		7,256.74		362.84	.046	(	659.70		16.84
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0				.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11		20		7,256.74		362.84	.046	(	659.70		16.84
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	72		445		3,933.18		8.84	1.032		54.63		9.13
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	72		445		3,933.18		8.84	1.032		54.63		9.13
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0	•	.00	•	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ō		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ô		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ô		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ô		Ô		.00		.00	.000		.00		.00
ANCILLARIES	0		Ô		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Õ		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ô		n		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
LATITOLIOGI	U		U		.00		.00	.000		.00		.00

 
 RADIOLOGY
 0
 0
 .00
 .00
 .00
 .00
 .00

 ROOM USE
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00</t #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,979 01/29/04

....THLY AVERAGE -....TS/DAYS COST PER COS
....TS/DAYS COST PER COS
....TS/DAYS COST PER COS
....TS/DAYS PER ELIG USER ELIG
....TS/DAYS \$ 139.87 \$ 2
....TS/DAYS \$ 139.87 \$ 2
....TS/DAYS \$ 139.87 \$ 2
....TS/DAYS PER ELIG USER ELIG
....TS/DAYS \$ 139.87 \$ 2
....TS/DAYS PER ELIG USER ELIG
....TS/DAYS PER EL UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 465 \$ 11,189.92 \$ 24.06 1.079 \$ 139.87 \$ 25.96 20 7,256.74 362.84 .046 659.70 16.84 431 ELIGIBLES USERS

@COMMUNITY HOSPITAL TOTAL 80
COMM HOSP INPATIENT TOTAL 11 HSC HOSPITALS 0 NON-HSC HOSPITALS TOTAL 0
ACCOMMODATIONS 0
ADMINISTRATIVE DAYS 0 NON-HSC HOSPITALS TOTAL 0 0 0 20 0 445 0 TRANSITIONAL IP CARE 0
ALL OTHER ACCOM 0
ANCILLARIES 0
INPATIENT CROSSOVERS 11
ALL OTHER INPATIENT 0
COMM HOSP OUTPATIENT TOTAL 72
MEDICAL 0
SURGERY ADMINISTRATIVE DAYS #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,980 MOP024 FEE-FOR-SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18 01/29/04

----- MONTHLY AVERAGE -----431 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	51	292 \$	10,753.34	\$ 36.83	.677 \$	210.85	\$ 24.95
DURABLE MED. EQUIP.	1	1	79.50	79.50	.002	79.50	.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	23	2,774.58	120.63	.053	308.29	6.44
MEDICAL TRANSPORTATION	7	160	5,427.54	33.92	.371	775.36	12.59
AMBULANCES/AIR TRANS	4	69	1,624.18	23.54	.160	406.05	3.77
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	91	3,803.36	41.80	.211	950.84	8.82
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	23	262.04	11.39	.053	26.20	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	85	2,209.68	26.00	.197	81.84	5.13
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	171	1,906	\$ 28,331.13	\$ 14.86	4.422	\$ 165.68	\$ 65.73

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,981
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLIMAS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR IN HOME SUP	PPORT - BLIND	AID CODE	28		
					MONT	HLY AVERAGE	C
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		NTH-OF-PAYMENT REI	PORT FOR JAN 2	2003 THRU D	EC 2003	PAGE 9,982
MOP024	FEE-FOR-SERVICE/DENT						01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUPPO	ORT - BLIND	AID CODE			
					_	NTHLY AVERAG	
12 ELIGIBLES		'S OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	2.2	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	•	\$ .00
DIAGNOSTIC AND ANC. PROCED	Ü	U	.00	.00	.000	.00	.00
EYE APPLIANCES	U	U	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	U	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	U S	.00	\$ .00	.000	<b>\$.00</b>	\$ .00

12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	;	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00
RADIOLOGY	0	0	.00		.00	.000		.00	.00
ROOM USE	0	0	.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00

ADMINI CEDARITE DAVIC	0		0		0.0		0.0	000		0.0		0.0
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	U		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	a 1115 5111	0		.00.		.00	.000	550	.00	D 3 G E	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		SENDT.I.OKI	ES MON	TH-OF-PAYMENT	REPOR.	r FOR JAN	2003 THRU	DEC	2003		9,983
MOP024	FEE-FOR-SERVICE/			GIIDDO	DE DI TIID		3.TD G0DE	0.0			0.	1/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR	IN HOME	SUPPO	K.I BLIND		AID CODE		#○NTIT	, , , , , , , , , , , , , , , , , , ,	70	
12 FITGIDIES	HCEDC	IMITEC OF	CEDUTOR		EADEND LAIDE C	י אד ד				HLY AVERA		 Γ PER
12 ELIGIBLES	USERS	UNITS OF OR DAYS			EXPENDITURES		ERAGE COST R UNIT/DAY			COST PER USER		I PER GIBLE
@COMMUNITY HOSPITAL TOTAL	0	OK DAIS	0 CARE	Ś	.00		.00	.000		.00		.00
COMM HOSP INPATIENT TOTAL	Ŏ		0	Y	.00		.00	.000	٧	.00	٧	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ŏ		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ô		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ŏ		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ô		.00		.00	.000		.00		.00
ANCILLARIES	0		Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	)	.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$	.00		.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0	•	.00	)	.00	.000	-	.00		.00
DEVELOP. DISABLED	0		0		.00	)	.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	) \$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00	)	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00	)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	)	.00	.000		.00		.00
LEV B-REGULAR	0		0		.00	)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	) \$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00	)	.00	.000		.00		.00
ICF DD	0		0		.00	)	.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALVELS CENTED	<b>n</b>		0		0.0	1	0.0	000		0.0		0.0

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

0

0

0

0

0

0

0

0

0

0

\$

\$

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

\$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000 \$

.00

.00

.00

.00

.00

.00

.00

\$

\$

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			JNTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2 2003	PAGE 9,984
MOP024	FEE-FOR-SERVICE						01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUP:	PORT - BLIND	AID CODE			
					MON'	THLY AVERA	GE
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0					
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
	0	0					
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000		.00
ALL OTHER PROVIDERS	0		.00			.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00		.000 \$	.00	
@XOVER EXCLUDING STATE HOSP**		0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@* TOTALS IN THESE LINES ARE							
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL LINE:	S ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEG	2003	PAGE 9,985
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUP	PORT - DISABLED	AID CODE	68		
					MONT	THLY AVERA	GE
316 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
210 11110111111111111111111111111111111	ODEIG	OR DAYS OF CARE	TWI TWDI I OKES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL ALL DEOMIDEDS	284		265 677 70	- ,		935.49	
@TOTAL, ALL PROVIDERS	284	7,596 \$	265,677.79		24.038 \$	75.47	
@PHYSICIANS SERVICES	69	213 \$	5,231.33		.674 \$		
OUTPATIENT VISITS	4	4	109.50	27.38	.013	27.38	.35
OFFICE VISITS	4	4	109.50	27.38	.013	27.38	.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
DDFWFMTTWF CAPF	0	Ο	0.0	0.0	000	0.0	0.0

0

0

0

25

.00

.00

.00

1,265.80

.00

.00

.00

50.63

.000

.000

.000

.079

.00

.00

.00

158.23

.00

.00

.00

4.01

PREVENTIVE CARE

OTHER OUTPATIENT

INPATIENT VISITS

OB VISITS/COMPRE PERI

0

0

0

HOSPITAL VISITS	8	25	1,265.80	50.63	.079	158.23	4.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	36	1,922.00	53.39	.114	640.67	6.08
PRINCIPAL SURGEON	2	4	1,569.02	392.26	.013	784.51	4.97
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	32	352.98	11.03	.101	176.49	1.12
OUTPATIENT SURGERY	1	12	161.40	13.45	.038	161.40	.51
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12	161.40	13.45	.038	161.40	.51
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	141.93	35.48	.013	141.93	.45

RADIOLOGY	8	19		563.13		29.64	.060		70.39		1.78
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	54	113		1,067.57		9.45	.358		19.77		3.38
@PHARMACY	214	1,071	\$	121,975.15	\$	113.89	3.389	Ġ	569.98	Ċ	386.00
	213		Ş	·	Ą			Ą		Ą	
PRESCRIPTION DRUGS		1,025		121,441.87		118.48	3.244		570.15		384.31
SNF/ICF	1	0		.00		.00	.000		.00		.00
OUTPATIENTS	212	1,025		121,441.87		118.48	3.244		572.84		384.31
MEDICAL SUPPLIES	10	46		533.28		11.59	.146		53.33		1.69
@DENTIST	3	45	\$	995.85	\$	22.13	.142	\$	331.95	\$	3.15
VISITS - DIAGNOSTIC	3	29		412.85		14.24	.092		137.62		1.31
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	2		200.00		100.00	.006		200.00		.63
ENDODONTICS	<u> </u>	0		.00		.00	.000		.00		.00
	0	14									
RESTORATIVE DENTISTRY	2			383.00		27.36	.044		191.50		1.21
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	FS MONT		ים חסי			חדכ		D:	AGE 9,986
MOP024	FEE-FOR-SERVICE	-	.ED MONT	II OF FAIRENT KI	or Oit.	. FOR UAN .	2005 11110	טפכ	2005	L Z	01/29/04
PLUMAS COUNTY		ICES FOR IN HOME	CIIDDOD	T DICABIED		AID CODE	60				01/29/04
PLUMAS COUNTI	SUMMARI OF SERV.	CES FOR IN HOME	SUPPUR	I - DISABLED		AID CODE				aп	
216 BLIGTBIRG	Hanna	INITES OF SERVICE	1		70 77 77	DAGE GOGE			HLY AVERA		TOOM DED
316 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	21	53	\$	1,305.48	\$	24.63	.168	\$	62.17	\$	4.13
DIAGNOSTIC AND ANC. PROCED	7	7		308.59		44.08	.022		44.08		.98
EYE APPLIANCES	14	38		796.45		20.96	.120		56.89		2.52
OTHER OPTOMETRIC SERVICES	6	8		200.44		25.06	.025		33.41		.63
@CHIROPRACTOR	2	4	\$	26.92	\$	6.73	.013	Ś	13.46	\$	.09
VISITS	0	0		.00	•	.00	.000		.00		.00
OTHER SERVICES	2	4		26.92		6.73	.013		13.46		.09
@PODIATRIST	0	0	\$	.00	\$	.00	.000	4.		Ċ.	.00
MEDICINE/INJECTIONS	0							~	nn		.00
	()	0	•		Ą			Ş	.00	Ş	0.0
	0	0	•	.00	Ş	.00	.000	Ş	.00	Þ	.00
SURGERY/ANES.	0	0	·	.00	Þ	.00	.000	Ş	.00	Þ	.00
RADIO./PATHOLOGY	0	0 0	·	.00 .00 .00	Ÿ	.00 .00 .00	.000 .000 .000	Ş	.00 .00 .00	Ş	.00
RADIO./PATHOLOGY OTHER	0 0 0	0 0 0		.00 .00 .00	•	.00 .00 .00	.000 .000 .000		.00 .00 .00		.00 .00 .00
RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 2	0 0 0 0 25	\$	.00 .00 .00 .00 1,753.76	\$	.00 .00 .00 .00 70.15	.000 .000 .000 .000	\$	.00 .00 .00 .00	\$	.00 .00 .00 5.55
RADIO./PATHOLOGY OTHER	0 0 0 0 2 0	0 0 0 0 25 0	· \$	.00 .00 .00 .00 1,753.76	•	.00 .00 .00 .00 70.15	.000 .000 .000 .000 .079		.00 .00 .00 .00 876.88 .00		.00 .00 .00
RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 2 0	0 0 0 0 25	\$ \$ \$	.00 .00 .00 .00 1,753.76	\$	.00 .00 .00 .00 70.15	.000 .000 .000 .000	\$	.00 .00 .00 .00	\$	.00 .00 .00 5.55
RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	0 0 0 2 0 0	0 0 0 0 25 0	\$ \$ \$ \$	.00 .00 .00 .00 1,753.76	\$ \$ \$	.00 .00 .00 .00 70.15	.000 .000 .000 .000 .079	\$ \$ \$	.00 .00 .00 .00 876.88 .00	\$\$	.00 .00 .00 5.55 .00
RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0 0 0 2 0 0 0	0 0 0 0 25 0		.00 .00 .00 .00 1,753.76 .00 .00	ው <i>የ</i> ኦ <i>የ</i> ኦ	.00 .00 .00 .00 70.15 .00 .00	.000 .000 .000 .000 .079 .000 .000	\$ \$ \$	.00 .00 .00 .00 876.88 .00 .00	\$ \$ \$	.00 .00 .00 5.55 .00 .00
RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0	0 0 0 25 0 0 0		.00 .00 .00 .00 1,753.76 .00 .00	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 70.15 .00 .00	.000 .000 .000 .000 .079 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 87	0 0 0 25 0 0 0 0	• • • • • • • • • • • • • • • • • • • •	.00 .00 .00 .00 1,753.76 .00 .00 .00	ው <i>የ</i> ኦ <i>የ</i> ኦ	.00 .00 .00 .00 70.15 .00 .00 .00	.000 .000 .000 .000 .079 .000 .000 .000	\$ \$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00	·	.00 .00 .00 5.55 .00 .00 .00
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0	0 0 0 25 0 0 0 0 464 61	• • • • • • • • • • • • • • • • • • • •	.00 .00 .00 .00 1,753.76 .00 .00 .00 .00 52,830.77 46,521.92	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 70.15 .00 .00 .00 .113.86 762.65	.000 .000 .000 .079 .000 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00 .00 .00 .607.25 3876.83	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0 87 12 1	0 0 0 25 0 0 0 464 61 5		.00 .00 .00 .00 1,753.76 .00 .00 .00 .00 52,830.77 46,521.92 6,030.00	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 70.15 .00 .00 .00 .113.86 762.65 1206.00	.000 .000 .000 .079 .000 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00 .00 .00 607.25 3876.83 6030.00	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	0 87 12 1 4	0 0 0 25 0 0 0 464 61 5		.00 .00 .00 .00 1,753.76 .00 .00 .00 .52,830.77 46,521.92 6,030.00 34,559.92	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 70.15 .00 .00 .00 .113.86 762.65 1206.00 1570.91	.000 .000 .000 .079 .000 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00 .00 .00 607.25 3876.83 6030.00 8639.98	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .167.19 147.22 19.08
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	0 87 12 1 4 4	0 0 0 25 0 0 0 464 61 5 22	• • • • • • • • •	.00 .00 .00 .00 1,753.76 .00 .00 .00 .00 52,830.77 46,521.92 6,030.00 34,559.92 14,307.78	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 70.15 .00 .00 .00 .113.86 762.65 1206.00 1570.91 650.35	.000 .000 .000 .079 .000 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00 .00 607.25 3876.83 6030.00 8639.98 3576.95	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08 109.37 45.28
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 87 12 1 4 4	0 0 0 25 0 0 0 464 61 5 22 22	• • • • • • • • • • • • • • • • • • • •	.00 .00 .00 .00 1,753.76 .00 .00 .00 .00 52,830.77 46,521.92 6,030.00 34,559.92 14,307.78	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 70.15 .00 .00 .00 .113.86 762.65 1206.00 1570.91 650.35	.000 .000 .000 .079 .000 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00 .00 607.25 3876.83 6030.00 8639.98 3576.95	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08 109.37 45.28
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 87 12 1 4 4 0	0 0 0 25 0 0 0 464 61 5 22 22 22	• • • • • • • • • • • • • • • • • • • •	.00 .00 .00 .00 1,753.76 .00 .00 .00 .00 .00 52,830.77 46,521.92 6,030.00 34,559.92 14,307.78 .00	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 .00 .00 .00 .00 .00 .113.86 762.65 1206.00 1570.91 650.35 .00	.000 .000 .000 .000 .079 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00 .00 607.25 3876.83 6030.00 8639.98 3576.95	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08 109.37 45.28 .00
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 87 12 1 4 4 0 0	0 0 0 25 0 0 0 464 61 5 22 22 22 0 0		.00 .00 .00 .00 1,753.76 .00 .00 .00 .00 .00 52,830.77 46,521.92 6,030.00 34,559.92 14,307.78 .00	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 .00 .00 .00 .00 .00 .113.86 762.65 1206.00 1570.91 650.35	.000 .000 .000 .079 .000 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00 .00 607.25 3876.83 6030.00 8639.98 3576.95	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08 109.37 45.28
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 87 12 1 4 4 0 0 0 4 4	0 0 0 25 0 0 0 464 61 5 22 22 22		.00 .00 .00 .00 1,753.76 .00 .00 .00 .00 .00 52,830.77 46,521.92 6,030.00 34,559.92 14,307.78 .00	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 .00 .00 .00 .00 .00 .113.86 762.65 1206.00 1570.91 650.35 .00	.000 .000 .000 .000 .079 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00 .00 607.25 3876.83 6030.00 8639.98 3576.95	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08 109.37 45.28 .00
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 87 12 1 4 4 0 0	0 0 0 25 0 0 0 464 61 5 22 22 22 0 0	ውውውውው	.00 .00 .00 .00 1,753.76 .00 .00 .00 .00 .00 52,830.77 46,521.92 6,030.00 34,559.92 14,307.78 .00	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 .00 .00 .00 .00 .00 .113.86 762.65 1206.00 1570.91 650.35	.000 .000 .000 .079 .000 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 876.88 .00 .00 .00 .00 607.25 3876.83 6030.00 8639.98 3576.95	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08 109.37 45.28
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 87 12 1 4 4 0 0 0 4 4	0 0 0 25 0 0 0 0 464 61 5 22 22 22 0 0	• • • • • • • • • • • • • • • • • • • •	.00 .00 .00 1,753.76 .00 .00 .00 .00 .00 52,830.77 46,521.92 6,030.00 34,559.92 14,307.78 .00 .00	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 .00 .00 .00 .00 .113.86 .762.65 1206.00 1570.91 .650.35 .00 .00	.000 .000 .000 .079 .000 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08 109.37 45.28 .00 .00 45.28 64.09
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 87 12 1 4 0 0 4 4 8 0	0 0 0 25 0 0 0 0 464 61 5 22 22 22 0 0 0	· • • • • • • • • • • • • • • • • • • •	.00 .00 .00 .00 1,753.76 .00 .00 .00 .00 .52,830.77 46,521.92 6,030.00 34,559.92 14,307.78 .00 .00 14,307.78 20,252.14 5,932.00	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 .00 .00 .00 .00 .00 .113.86 .762.65 1206.00 1570.91 650.35 .00 .00 650.35	.000 .000 .000 .079 .000 .000 .000 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08 109.37 45.28 .00 .00 45.28 64.09 18.77
RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 87 12 1 4 4 0 0 4 4 4 8	0 0 0 25 0 0 0 0 464 61 5 22 22 22 0 0 0		.00 .00 .00 1,753.76 .00 .00 .00 .00 .00 52,830.77 46,521.92 6,030.00 34,559.92 14,307.78 .00 .00 14,307.78 20,252.14 5,932.00	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 .00 .00 .00 .00 .113.86 .762.65 1206.00 1570.91 650.35 .00 .00 650.35	.000 .000 .000 .079 .000 .000 .000 1.468 .193 .016 .070 .070 .000	\$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	ው ው ው ው ው	.00 .00 .00 5.55 .00 .00 .00 .00 167.19 147.22 19.08 109.37 45.28 .00 .00 45.28 64.09 18.77

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	14	71		800.38	11.27	.225	57.17	2.53
RADIOLOGY	5	6		442.26	73.71	.019	88.45	1.40
ROOM USE	5	7		239.81	34.26	.022	47.96	.76
CROSSOVERS/ALL OTH OUTPTNT	61	310		4,518.26	14.58	.981	74.07	14.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000		\$ .00
	-		Ą		•		•	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
	0	0						
ADMINISTRATIVE DAYS	U	U		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
	0	0						
INPATIENT CROSSOVERS	U	Ü		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
SURGERY	U	U						
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
	•	_						
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DI	EC 2003	PAGE 9,987
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPO	RT - DISABLED	AID CODE	: 68		
							NTHLY AVERA	\CF
216 BLIGIBLES	Hanna	IBITES OF SERVICE			ATTERNACE COCK			-
316 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	87	464	\$	52,830.77	\$ 113.86	1.468	\$ 607.25	\$ 167.19
COMM HOSP INPATIENT TOTAL	12	61	•	46,521.92	762.65	.193	3876.83	147.22
HSC HOSPITALS	1	5		6,030.00	1206.00	.016		19.08
	<u> </u>						6030.00	
NON-HSC HOSPITALS TOTAL	4	22		34,559.92	1570.91	.070	8639.98	109.37
ACCOMMODATIONS	4	22		14,307.78	650.35	.070	3576.95	45.28
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
	0							
ALL OTHER ACCOM	4	22		14,307.78	650.35	.070	3576.95	45.28
ANCILLARIES	4	0		20,252.14	.00	.000	5063.04	64.09
INPATIENT CROSSOVERS	8	34		5,932.00	174.47	.108	741.50	18.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
	81							
COMM HOSP OUTPATIENT TOTAL		403		6,308.85	15.65	1.275	77.89	19.96
MEDICAL	6	9		308.14	34.24	.028	51.36	.98
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	14	71		800.38	11.27	.225	57.17	2.53
RADIOLOGY	5	6		442.26	73.71	.019	88.45	1.40
ROOM USE	5	7		239.81	34.26	.022	47.96	.76
CROSSOVERS/ALL OTH OUTPTNT	61	310		4,518.26	14.58	.981	74.07	14.30
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	Ψ	.00	.00	.000	.00	.00
	•	ŭ						
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	237	\$	49,319.92	\$ 208.10	.750	\$ 4931.99	\$ 156.08
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
	•							
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	237		49,319.92	208.10	.750	4931.99	156.08
			ė.					
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000		•
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	3	\$	930.32	\$	310.11	.009	Ś	310.11	Ś	2.94
HOSPITAL BASED	0	0	т	.00	τ	.00	.000	τ.	.00	т	.00
HEMODIALYSIS CENTER	3	3		930.32		310.11	.009		310.11		2.94
@REHABILITATION FACILITY	6	34	Ġ	1,235.01	\$		.108	Ś	205.84	\$	3.91
HOSPITAL BASED	6	34	•	1,235.01		36.32	.108	•	205.84	•	3.91
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	23	\$	1,066.74	\$	46.38	.073	\$	106.67	Ś	3.38
PATHOLOGY	9	22	·	1,060.49	•	48.20	.070	•	117.83	·	3.36
XO AND OTHERS	1	1		6.25		6.25	.003		6.25		.02
@ORGANIZED OUTPATIENT CLINIC	93	217	\$	13,408.67	\$	61.79	.687	\$	144.18	\$	42.43
CLINIC	1	1		602.88		602.88	.003		602.88		1.91
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	92	216		12,805.79		59.29	.684		139.19		40.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT R	EPOR1	FOR JAN 2	2003 THRU	DEC	2003	₽₽	GE 9,988
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUPI	PORT - DISABLED		AID CODE	68				
								-	HLY AVERA	_	
316 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		OST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	42	5,207	\$	15,597.87	\$	3.00	16.478	\$		\$	49.36
DURABLE MED. EQUIP.	4	7		3,620.65		517.24	.022		905.16		11.46
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	4		100.00		25.00	.013		50.00		.32
MEDICAL TRANSPORTATION	9	5,085		8,159.92		1.60	16.092		906.66		25.82
AMBULANCES/AIR TRANS	4	75		616.53		8.22	.237		154.13		1.95
OTHER TRANS	4	5,008		7,524.10		1.50	15.848		1881.03		23.81
OTHER SERVICES	1	2		19.29		9.65	.006		19.29		.06
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	•		.00		.00	.000		.00		.00
OPTICIAN	11	28		338.16		12.08	.089		30.74		1.07
PHYSICAL THERAPIST	1	4		56.10		14.03	.013		56.10		.18
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	3	6		676.95		112.83	.019		225.65		2.14
PROSTHETICS	1	4		196.64		49.16	.013		196.64		.62
ORTHOTICS	2	0		480.31		240.16	.006		240.16		1.52
PSYCHOLOGIST	U	0		.00		.00	.000		.00		.00

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES\*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP\*\*

HOSPICE SERVICES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,989
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

0

0

73

0

PLUMAS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

0

14

102

					MONTHLY AVERAG	E
759 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNITS/DA	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY PER ELI	USER	ELIGIBLE

.00

.00

.00

.00

.00

.00

.00

.00 \$

\$

2,646.09

14,541.76

.00

.00

.00

.00

.00

.00

.00

36.25

.00

29.80

.000

.000

.000

.000

.000

.000

.000

.231

.000 \$

1.544 \$

.00

.00

.00

.00

.00

.00

.00

.00 \$

142.57 \$

189.01

.00

.00

.00

.00

.00

.00

.00

8.37

.00

46.02

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	678	19,958 \$	452,030.39	\$ 22.65	26.295 \$	666.71	\$ 595.56
@PHYSICIANS SERVICES	160	448 \$	8,624.94	\$ 19.25	.590 \$	53.91	\$ 11.36
OUTPATIENT VISITS	4	4	109.50	27.38	.005	27.38	.14
OFFICE VISITS	1	4	109.50	27.38	.005	27.38	.14
	9	0					
HOME VISITS	U	_	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	25	1,265.80	50.63	.033	158.23	1.67
HOSPITAL VISITS	8	25	1,265.80	50.63	.033	158.23	1.67
CRITICAL CARE	0	0	•	.00	.000	.00	.00
	0	_	.00				
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	36	1,922.00	53.39	.047	640.67	2.53
PRINCIPAL SURGEON	2	4	1,569.02	392.26	.005	784.51	2.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	32	352.98	11.03	.042	176.49	.47
OUTPATIENT SURGERY	1	12	161.40	13.45	.016	161.40	.21
	0	0					
PRINCIPAL SURGEON	•		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12	161.40	13.45	.016	161.40	.21
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	141.93	35.48	.005	141.93	.19
RADIOLOGY	8	19	563.13	29.64	.025	70.39	.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	Ö	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	145	348	4,461.18	12.82	.458	30.77	5.88
	537						
@PHARMACY		11,816 \$	209,670.21	•	15.568 \$		\$ 276.25
PRESCRIPTION DRUGS	527	2,233	203,308.69	91.05	2.942	385.78	267.86
SNF/ICF	19	86	3,694.41	42.96	.113	194.44	4.87
OUTPATIENTS	511	2,147	199,614.28	92.97	2.829	390.63	263.00
MEDICAL SUPPLIES	52	9,583	6,361.52	.66	12.626	122.34	8.38
@DENTIST	3	45 \$	995.85	\$ 22.13	.059 \$	331.95	\$ 1.31
VISITS - DIAGNOSTIC	3	29	412.85	14.24	.038	137.62	.54
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	2	200.00	100.00	.003	200.00	
	0						.26
ENDODONTICS	_	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	14	383.00	27.36	.018	191.50	.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					
			MONTH-OF-PAIMENT RE	EPORI FOR JAN	ZUUS IRKU DEC	2003	PAGE 9,990
MOP024	FEE-FOR-SERVIC						01/29/04
PLUMAS COUNTY	SUMMARY OF SER	VICES FOR IN HOME SU	PPORT - TOTAL				
					MON7		_
759 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	40	100 \$	2,064.83	\$ 20.65	.132 \$	51.62	\$ 2.72
DIAGNOSTIC AND ANC. PROCED	10	10	382.05	38.21	.013	38.21	.50
EYE APPLIANCES	24	68	1,275.69	18.76	.090	53.15	1.68
			1,2,3,00	10.70	. 0 . 0	33.13	±.55

22

407.09

18.50

.029

29.08

.54

OTHER OPTOMETRIC SERVICES

14

@CHIROPRACTOR	2	4	\$ 26.92	\$ 6.73	.005	\$ 13.46	\$ .04
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	4	26.92	6.73	.005	13.46	.04
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	25	\$ 1,753.76	\$ 70.15	.033	\$ 876.88	\$ 2.31
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	167	929	\$ 64,020.69	\$ 68.91	1.224	\$ 383.36	\$ 84.35
HOSP INPATIENT TOTAL	23	81	53,778.66	663.93	.107	2338.20	70.85
HSC HOSPITALS	1	5	6,030.00	1206.00	.007	6030.00	7.94

NON-HSC HOSPITAL TOTAL	4	22		34,559.92	1570.91	.029	8639.98	45.53	
ACCOMMODATIONS	4	22		14,307.78	650.35	.029	3576.95	18.85	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	22		14,307.78	650.35	.029	3576.95	18.85	
ANCILLARIES	4	0		20,252.14	.00	.000	5063.04	26.68	
INPATIENT CROSSOVERS	19	54		13,188.74	244.24	.071	694.14	17.38	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	153	848		10,242.03	12.08	1.117	66.94	13.49	
MEDICAL	6	9		308.14	34.24	.012	51.36	.41	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	14	71		800.38	11.27	.094	57.17	1.05	
RADIOLOGY	5	6		442.26	73.71	.008	88.45	.58	
ROOM USE	5	7		239.81	34.26	.009	47.96	.32	
CROSSOVERS/ALL OTH OUTPTNT	133	755		8,451.44	11.19	.995	63.54	11.13	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	ES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,991	
MOP024	FEE-FOR-SERVICE/	DENTAL						01/29/04	
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR IN HOME	SUPPO	RT - TOTAL					
						MON	THLY AVERAG	GE	
759 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			DER HNITT/DAY		IISER	ELTGIBLE	

					IVI	ONIALI AVERA	GE	_
759 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PE	R
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBL	E
@COMMUNITY HOSPITAL TOTAL	167	929	\$ 64,020.69	\$ 68.91	1.224	\$ 383.36	\$ 84.3!	5
COMM HOSP INPATIENT TOTAL	23	81	53,778.66	663.93	.107	2338.20	70.85	5
HSC HOSPITALS	1	5	6,030.00	1206.00	.007	6030.00	7.9	4
NON-HSC HOSPITALS TOTAL	4	22	34,559.92	1570.91	.029	8639.98	45.53	3
ACCOMMODATIONS	4	22	14,307.78	650.35	.029	3576.95	18.8	5
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	0
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	0
ALL OTHER ACCOM	4	22	14,307.78	650.35	.029	3576.95	18.8	5
ANCILLARIES	4	0	20,252.14	.00	.000	5063.04	26.68	8
INPATIENT CROSSOVERS	19	54	13,188.74	244.24	.071	694.14	17.38	8
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	0
COMM HOSP OUTPATIENT TOTAL	153	848	10,242.03	12.08	1.117	66.94	13.49	9
MEDICAL	6	9	308.14	34.24	.012	51.36	. 42	1
SURGERY	0	0	.00	.00	.000	.00	.00	0
PATHOLOGY	14	71	800.38	11.27	.094	57.17	1.0	5
RADIOLOGY	5	6	442.26	73.71	.008	88.45	.58	8
ROOM USE	5	7	239.81	34.26	.009	47.96	. 32	2
CROSSOVERS/ALL OTH OUTPTNT	133	755	8,451.44	11.19	.995	63.54	11.13	3
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	0
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	0
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	0

@NURSING FACILITY	25	605	\$	110,366.31	\$	182.42	.797	\$	4414.65	\$	145.41
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	25	605		110,366.31		182.42	.797		4414.65		145.41
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	3	\$	930.32	\$	310.11	.004	\$	310.11	\$	1.23
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	3		930.32		310.11	.004		310.11		1.23
@REHABILITATION FACILITY	6	34	\$	1,235.01		36.32	.045	\$	205.84	\$	1.63
HOSPITAL BASED	6	34		1,235.01		36.32	.045		205.84		1.63
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	23	\$	1,066.74		46.38	.030	\$	106.67	\$	1.41
PATHOLOGY	9	22		1,060.49		48.20	.029		117.83		1.40
XO AND OTHERS	1	1		6.25		6.25	.001		6.25		.01
@ORGANIZED OUTPATIENT CLINIC	210	427	\$	24,923.60		58.37	.563	\$	118.68	\$	32.84
CLINIC	1	1		602.88		602.88	.001		602.88		.79
SURGICENTER	2	3		313.81		104.60	.004		156.91		.41
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	207	423		24,006.91		56.75	.557		115.98		31.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	RES MONTH-	-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	PI	AGE 9,992
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	IN HOME	E SUPPORT	- TOTAL							

PLUMAS COUNTI	SUMMARI OF SER	VICES FOR IN HOME	, SUP	PORI - IOIAL					
						MON		_	-
759 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	3.
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	£
@ALL OTHER PROVIDERS	93	5,499	\$	26,351.21	\$ 4.79	7.245	283.35	\$ 34.72	2
DURABLE MED. EQUIP.	5	8		3,700.15	462.52	.011	740.03	4.88	3
BLOOD BANK	0	0		.00	.00	.000	.00	.00	)
HEARING AID DISPENSERS	11	27		2,874.58	106.47	.036	261.33	3.79	)
MEDICAL TRANSPORTATION	16	5,245		13,587.46	2.59	6.910	849.22	17.90	)
AMBULANCES/AIR TRANS	8	144		2,240.71	15.56	.190	280.09	2.95	5
OTHER TRANS	4	5,008		7,524.10	1.50	6.598	1881.03	9.93	L
OTHER SERVICES	5	93		3,822.65	41.10	.123	764.53	5.04	4
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	J
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	J
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	J
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	J
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	J
OPTICIAN	21	51		600.20	11.77	.067	28.58	.79	)
PHYSICAL THERAPIST	1	4		56.10	14.03	.005	56.10	.07	7
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	J
PROSTHETIST/ORTHOTISTS	3	6		676.95	112.83	.008	225.65	. 89	)
PROSTHETICS	1	4		196.64	49.16	.005	196.64	. 26	5
ORTHOTICS	2	2		480.31	240.16	.003	240.16	.63	3
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	J
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	J
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	)
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	)
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	)
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	J
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	J
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	J
ALL OTHER PROVIDERS	41	158		4,855.77	30.73	.208	118.43	6.40	J
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00	J

@XOVER EXCLUDING STATE HOSP\*\* 273 2,394 \$ 42,872.89 \$ 17.91 3.154 \$ 157.04 \$ 56.49

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,993
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					MON	HLY AVERAGE	:
1,731 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,469	21,130 \$	666,975.37	\$ 31.57	12.207 \$	454.03 \$	385.31
@PHYSICIANS SERVICES	255	635 \$	9,722.66	\$ 15.31	.367 \$	38.13 \$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0			.000		
OFFICE VISITS			.00	.00		.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
OPHTHALMOLOGICAL SERVICES	0	<u> </u>	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0						
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	24.50	24.50	.001	24.50	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	254	634	9,698.16	15.30	.366	38.18	5.60
@PHARMACY	1,245	16,055 \$	329,137.48	\$ 20.50	9.275 \$	264.37 \$	
PRESCRIPTION DRUGS	1,230	4,293	318,265.59	74.14	2.480	258.75	183.86
SNF/ICF	59	320	17,916.67	55.99	.185	303.67	10.35
	1,177	3,973		75.60	2.295	255.18	173.51
OUTPATIENTS	•	·	300,348.92				
MEDICAL SUPPLIES	87	11,762	10,871.89	.92	6.795	124.96	6.28
@DENTIST	5	25 \$	1,147.00	\$ 45.88	.014 \$	229.40 \$	
VISITS - DIAGNOSTIC	4	14	142.00	10.14	.008	35.50	.08
ORAL SURGERY	1	8	255.00	31.88	.005	255.00	.15
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.06
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.12
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	450.00	450.00	.001	450.00	.26
•	, T	0					
SPACE MAINTAINERS	U	~	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 9,994

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

FIGNAS COUNTI	SUMMART OF SERVI	CES FOR FUBLIC ASSIS	TANCE AGED		MONT	טוע אוודסאר	F
1,731 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
I,/SI EDIGIBLES	OSERS		EXPENDITORES			USER	ELIGIBLE
OOD HOME HED I GH	76	OR DAYS OF CARE	F 140 41	PER UNIT/DAY			
@OPTOMETRIST	76	186 \$	5,140.41	\$ 27.64	.107 \$	67.64	•
DIAGNOSTIC AND ANC. PROCED	12	12	514.60	42.88	.007	42.88	.30
EYE APPLIANCES	48	138	3,913.39	28.36	.080	81.53	2.26
OTHER OPTOMETRIC SERVICES	25	36	712.42	19.79	.021	28.50	.41
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	Ö	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
	0	0 \$ 0 \$		•			
NURSE ANESTHESIST	-		.00	\$ .00	.000 \$	.00	•
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$	.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	
@TOTAL HOSPITAL	278	1,290 \$	40,195.38	\$ 31.16	.745 \$	144.59	\$ 23.22
HOSP INPATIENT TOTAL	37	123	27,429.98	223.01	.071	741.35	15.85
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ô	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	0.0	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	37	123	.00 .00 27,429.98 .00	223.01	.071	741.35	15.85
INPATIENT CROSSOVERS	0		21,429.90				
ALL OTHER INPATIENT		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	259	1,167	12,703.10	10.94	.674	49.29	7.37
MEDICAL	1	2	102.70	51.35	.001	102.70	.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	81.00	10.13	.005	40.50	.05
RADIOLOGY	1	2	80.00	40.00	.001	80.00	.05
ROOM USE	1	1	32.77	32.77	.001	32.77	.02
CROSSOVERS/ALL OTH OUTPTNT	258	1,154	12,468.93	10.80	.667	48.33	7.20
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0					
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MC					PAGE 9,995
#CITTI DEEL OF HEVITH DEKA	HIDI CAL DEKVICE	N 1440 EXERIVATIONES MC	TILL OF EATHERN RE	LORI FOR UAN 2	JOOJ TIIKO DEC	2005	11101 0,090

						MO	NTHLY AVERA	GΕ	
1,731 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	278	1,290	\$	40,195.38	\$ 31.16	.745	\$ 144.59	\$	23.22
COMM HOSP INPATIENT TOTAL	37	123		27,429.98	223.01	.071	741.35		15.85
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	37	123		27,429.98	223.01	.071	741.35		15.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	259	1,167		12,765.4	0	10.94	.674		49.29		7.37
MEDICAL	1	2		102.7		51.35	.001		102.70		.06
SURGERY	0	Ō		.00		.00	.000		.00		.00
PATHOLOGY	2	8		81.0		10.13	.005		40.50		.05
RADIOLOGY	1	2		80.0		40.00	.001		80.00		.05
ROOM USE	1	1		32.7		32.77	.001		32.77		.02
CROSSOVERS/ALL OTH OUTPINT	258	1,154		12,468.9		10.80	.667		48.33		7.20
@STATE HOSPITAL	0	0	\$	.00		.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	٧	.00	- т	.00	.000	٧	.00	٧	.00
DEVELOP. DISABLED	0	Ô		.00		.00	.000		.00		.00
@NURSING FACILITY	56	1,403	\$			150.27	.811	\$	3764.88	Ś	121.80
LEV A-INTERMEDIATE	0	1,103	٧	.0	•	.00	.000	~	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	Ô		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	Ô		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	56	1,403		210,833.4		150.27	.811		3764.88		121.80
@INTERMEDIATE CARE FACILDD	0	0	\$	.0		.00		\$	.00	Ś	.00
ICF DDH	0	0	τ	.00		.00	.000	~	.00	τ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	Ō		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	7	\$			183.88		\$	321.79	\$	.74
HOSPITAL BASED	0	0		.0		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	7		1,287.1	7	183.88	.004		321.79		.74
@REHABILITATION FACILITY	0	0	\$	.0	0 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.0	0 .	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.0	0	.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	60.2	5 \$	60.25	.001	\$	60.25	\$	.03
PATHOLOGY	0	0		.0	0	.00	.000		.00		.00
XO AND OTHERS	1	1		60.2	5	60.25	.001		60.25		.03
@ORGANIZED OUTPATIENT CLINIC	419	710	\$	45,362.8	9 \$	63.89	.410	\$	108.26	\$	26.21
CLINIC	2	4		201.3	0	50.33	.002		100.65		.12
SURGICENTER	3	4		395.3	4	98.84	.002		131.78		.23
HEROIN DETOX CLINIC	0	0		.0	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	414	702		44,766.2	5	63.77	.406		108.13		25.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDIT	URES	MONTH-OF-PAYMENT	REPO	RT FOR JAN	2003 THRU	DEC	2003	PI	GE 9,996
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R PUBLI	C AS	SISTANCE - AGED							
							M	TNO	HLY AVERA	GE -	

USERS EXPENDITURES 1,731 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 29.45 160.59 \$ @ALL OTHER PROVIDERS 150 818 24,088.69 .473 \$ 13.92 190.11 608.35 DURABLE MED. EQUIP. 5 16 3,041.76 .009 1.76 BLOOD BANK 0 0 .00 .00 .000 .00 .00 4,672.69 2.70 129.80 311.51 HEARING AID DISPENSERS 15 36 .021 14 449 10,687.47 23.80 .259 763.39 6.17 MEDICAL TRANSPORTATION .94 70 1,624.18 23.20 .040 324.84 AMBULANCES/AIR TRANS OTHER TRANS 0 0 .00 .00 .000 .00 .00 379 9,063.29 OTHER SERVICES 10 23.91 .219 906.33 5.24 0 0 .00 .00 .000 .00 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 109 1,326.31 OPTICIAN 12.17 .063 28.22 .77 .00 .00 .00 .000 .00 PHYSICAL THERAPIST PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 2 8 536.77 67.10 268.39 .31 .005 2 .005 PROSTHETICS 8 536.77 67.10 268.39 .31 ORTHOTICS 0 .00 .00 .000 .00 .00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	73	200	3,823.69	19.12	.116	52.38	2.21
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	548	3,933	\$ 84,651.36	\$ 21.52	2.272	\$ 154.47	\$ 48.90

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,997

01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - BLIND		MON	ייינדע אזייים	CE
180 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
100 EHIGIBHES	OSEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	109	26,739	\$	83,384.48	\$ 3.12	148.550 \$		
@PHYSICIANS SERVICES	27	20,739	\$	4,784.19	\$ 49.84	.533 \$		
OUTPATIENT VISITS	7	8	Ÿ	269.32	33.67	.044	38.47	1.50
OFFICE VISITS	3	4		186.44	46.61	.022	62.15	1.04
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	Õ	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4		82.88	20.72	.022	20.72	.46
INPATIENT VISITS	1	2		117.90	58.95	.011	117.90	.66
HOSPITAL VISITS	1	2		117.90	58.95	.011	117.90	.66
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	4		143.61	35.90	.022	47.87	.80
EXAMINATIONS	3	4		143.61	35.90	.022	47.87	.80
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	43		2,281.34	53.05	.239	570.34	12.67
PRINCIPAL SURGEON	2	2		1,465.91	732.96	.011	732.96	8.14
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	41		815.43	19.89	.228	407.72	4.53
OUTPATIENT SURGERY	3	9		1,163.89	129.32	.050	387.96	6.47
PRINCIPAL SURGEON	3	4		977.56	244.39	.022	325.85	5.43
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5		186.33	37.27	.028	186.33	1.04
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		48.20	48.20	.006	48.20	.27
RADIOLOGY	11	14		394.94	28.21	.078	35.90	2.19
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	15		364.99	24.33	.083	45.62	2.03
@PHARMACY	89	784	\$	33,352.32	\$ 42.54	4.356 \$		\$ 185.29
PRESCRIPTION DRUGS	89	363		31,294.99	86.21	2.017	351.63	173.86
SNF/ICF	1	2		50.65	25.33	.011	50.65	.28
OUTPATIENTS	89	361		31,244.34	86.55	2.006	351.06	173.58
MEDICAL SUPPLIES	9	421		2,057.33	4.89	2.339	228.59	11.43
@DENTIST	0	0	\$	.00	\$ .00	.000 \$		
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES MONTE	H-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 9,998
MOP024	FEE-FOR-SERVICE/DENT.	AL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSISTAN	NCE - BLIND				

PLUMAS COUNTY	SUMMARY OF SERVICES FO	R PUBLI	IC ASSIS	TANCE - BLIND						,, -
						Mo			GE	
180 ELIGIBLES		OF SERVI		EXPENDITURES	ERAGE COST					COST PER
	OR DA	AYS OF CA			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	14	46	\$	4,712.92	\$ 102.45	.256	\$		\$	
DIAGNOSTIC AND ANC. PROCED	7	8		423.32	52.92	.044		60.47		2.35
EYE APPLIANCES	12	35		4,232.68	120.93	.194		352.72		23.51
OTHER OPTOMETRIC SERVICES	2	3		56.92	18.97	.017		28.46		.32
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000		.00		.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000		.00		.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000		.00		.00
@TOTAL HOSPITAL	35	170	\$	14,471.68	\$ 85.13	.944	\$	413.48	\$	80.40
HOSP INPATIENT TOTAL	5	24		7,317.03	304.88	.133		1463.41		40.65
HSC HOSPITALS	14 7 12 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		4,013.03	2006.52	.011		4013.03		22.29
ACCOMMODATIONS	1	2		1,341.60	670.80	.011		1341.60		7.45
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,341.60	670.80	.011		1341.60		7.45
ANCILLARIES	1	0		2,671.43	.00	.000		2671.43		14.84
INPATIENT CROSSOVERS	4	22		3,304.00	150.18	.122		826.00		18.36
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	32	146		7,154.65	49.00	.811		223.58		39.75
MEDICAL	9 1 9 9 16 17 0	9		509.12	56.57	.050		56.57		2.83
SURGERY	1	1		113.93	113.93	.006		113.93		.63
PATHOLOGY	9	33		396.30	12.01	.183		44.03		2.20
RADIOLOGY	9	13		1,708.11	131.39	.072		189.79		9.49
ROOM USE	16	20		750.47	37.52	.111		46.90		4.17
CROSSOVERS/ALL OTH OUTPTNT	17	70		3,676.72	52.52	.389	4.	216.28	4.	20.43
		0	\$		\$ .00	.000	\$	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ü	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	Ü	0		.00	.00	.000		.00		.00
ANCILLARIES	U	0		.00	.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	IONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,999
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSI	STANCE - BLIND				
					NAC NATION 1	T T T T T T T T T T T T T T T T T T T	· 🗖

PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE - BLIND							
							M				
180 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARI					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	170	\$	14,471.68	\$	85.13	.944	\$	413.48	\$	80.40
COMM HOSP INPATIENT TOTAL	5	24		7,317.03		304.88	.133		1463.41		40.65
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		4,013.03	:	2006.52	.011		4013.03		22.29
ACCOMMODATIONS	1 0	2		1,341.60		670.80	.011		1341.60		7.45
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1 1	2		1,341.60		670.80	.011		1341.60		7.45
ANCILLARIES	1	0		2,671.43		.00	.000		2671.43		14.84
INPATIENT CROSSOVERS	4	22		3,304.00		150.18	.122		826.00		18.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	32	146		7,154.65		49.00	.811		223.58		39.75
MEDICAL	9	9		509.12		56.57	.050		56.57		2.83
SURGERY	1	1		113.93		113.93	.006		113.93		.63
PATHOLOGY	9	33		396.30		12.01	.183		44.03		2.20
RADIOLOGY	9	13		1,708.11		131.39	.072		189.79		9.49
ROOM USE	16	20		750.47		37.52	.111		46.90		4.17
CROSSOVERS/ALL OTH OUTPINT	17	70		3,676.72		52.52	.389		216.28		20.43
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	3,570.00	\$	.00	.000	\$	3570.00	\$	19.83
LEV A-INTERMEDIATE	0	0	т	.00	т.	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		3,570.00		.00	.000		3570.00		19.83
@INTERMEDIATE CARE FACILDD	0	0	\$		\$	.00	.000	Ś	.00	Ś	.00
	0	0	٧	.00	٧	.00	.000	~	.00	٧	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	153.91	\$	153.91	.006	Ś	153.91	Ś	.86
HOSDITAL BASED	0	0	٧	.00	٧	.00	.000	٧	.00	Y	.00
HEMODIALVSIS CENTER	1	1		153.91		153.91	.006		153.91		.86
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	1	± 2	\$	108.50	\$		.017	Ġ	108.50	Ġ	.60
HOSDITAL RASED	1	3	Y	108.50	Y	36.17	.017	Y	108.50	Y	.60
INDEPENDENT FACTITTY	U	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	50	113	Ś	10,295.33	Ċ	91.11	.628	Ġ	205.91	ċ,	57.20
	0	0	Ą	10,295.33	Ą	.00	.028	Ą	.00	Ą	.00
CLINIC SURGICENTER	U	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	()	()		(1)							

RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	50 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	'	10,295.33 ONTH-OF-PAYMENT I STANCE - BLIND		.628 2003 THRU DE	205.91 C 2003	57.20 PAGE 10,000 01/29/04	
					MON	THLY AVERA	GE	
180 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	32	25,526	\$ 11,935.63	\$ .47	141.811 \$	372.99	\$ 66.31	
DURABLE MED. EQUIP.	4	15	2,920.20	194.68	.083	730.05	16.22	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	2	41	2,551.40	62.23	.228	1275.70	14.17	
AMBULANCES/AIR TRANS	1	40	751.40	18.79	.222	751.40	4.17	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.006	1800.00	10.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	6	14	151.07	1	0.79	.078	25.18	.84
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	5	1,188.05	23	7.61	.028	396.02	6.60
PROSTHETICS	3	5	1,188.05	23	7.61	.028	396.02	6.60
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	188	2,133.42	1	1.35	1.044	193.95	11.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	16	25,263	2,991.49		.12	140.350	186.97	16.62
@CALIF. CHILDREN SERVICES*	20	108	\$ 19,512.66	\$ 18	0.67	.600	\$ 975.63	\$ 108.40
@XOVER EXCLUDING STATE HOSP**	13	70	\$ 7,433.37	\$ 10	6.19	.389	\$ 571.80	\$ 41.30

PAGE 10,001

01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----7,887 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 6,374 124,558 5,112,342.74 \$ 41.04 15.793 \$ 802.06 Ś 648.20 @PHYSICIANS SERVICES 1,287 5,095 194,508.41 38.18 .646 \$ 151.13 \$ 24.66 309 396 39.17 .050 50.20 OUTPATIENT VISITS 15,511.78 220 286 9,993.67 34.94 45.43 OFFICE VISITS .036 1.27 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 58 62 3,776.42 60.91 .008 65.11 .48 .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 43 48 1,741.69 36.29 .006 40.50 .22 105 525 27,005.53 51.44 257.20 INPATIENT VISITS .067 3.42 HOSPITAL VISITS 100 450 17,606.04 39.12 .057 176.06 2.23 CRITICAL CARE 12 67 9,097.38 135.78 .008 758.12 1.15 SNF/ICF/TRANS IP CARE 3 8 302.11 37.76 .001 100.70 .04 OPHTHALMOLOGICAL SERVICES 473.91 39.49 .002 39.49 .06 12 12 **EXAMINATIONS** 12 12 473.91 39.49 .002 39.49 .06 Ω 0 .00 .00 .000 .00 SERVICES AND MATERIALS .00 335 28,923.58 .042 628.77 INPATIENT HOSPITAL SURGERY 86.34 3.67 PRINCIPAL SURGEON 36 60 22,809.18 380.15 .008 633.59 2.89 3 ASSISTANT SURGEON 468.32 156.11 .000 156.11 .06 17 ANESTHESIOLOGIST 272 5,646.08 20.76 .034 332.12 .72 57 OUTPATIENT SURGERY 216 13,890.63 64.31 .027 243.70 1.76 PRINCIPAL SURGEON 65 11,453.55 176.21 243.69 .008 1.45 ASSISTANT SURGEON 0 0 .00 .000 .00 .00 .00 2,437.08 ANESTHESIOLOGIST 15 151 16.14 .019 162.47 .31 DIALYSIS 2 12 989.04 82.42 .002 494.52 .13 238 4,990.93 20.97 .030 47.08 PATHOLOGY 106 .63 RADIOLOGY 414 861 24,103.50 27.99 .109 58.22 3.06 3 219.87 73.29 **PSYCHIATRY** 73.29 .000 .03 21 992 44,794.05 45.16 2133.05 IMMUNIZATION AND INJECTION .126 5.68 OTHER SERVICES/ALL X-OVERS 613 1,505 33,605.59 22.33 .191 54.82 4.26

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

@PHARMACY	5,478 5	55,702	\$ 2	,455,096.64	\$	44.08	7.063	\$	448.17	\$	311.28
PRESCRIPTION DRUGS	5,443	4,742	2	,415,379.63		97.62	3.137	,	443.76		306.25
SNF/ICF	73	555		39,093.83		70.44	.070	1	535.53		4.96
OUTPATIENTS	5,380 2	4,187	2	,376,285.80		98.25	3.067	,	441.69		301.29
MEDICAL SUPPLIES	289 3	0,960		39,717.01		1.28	3.925	;	137.43		5.04
@DENTIST	68	330	\$	13,322.70	\$	40.37	.042	\$	195.92	\$	1.69
VISITS - DIAGNOSTIC	43	174		3,011.70		17.31	.022		70.04		.38
ORAL SURGERY	11	40		2,360.00		59.00	.005	;	214.55		.30
DRUGS	0	0		.00		.00	.000	1	.00		.00
ANESTHESIA	3	3		300.00		100.00	.000	1	100.00		.04
PERIODONTICS	4	7		900.00		128.57	.001		225.00		.11
ENDODONTICS	3	4		520.00		130.00	.001		173.33		.07
RESTORATIVE DENTISTRY	16	76		3,815.00		50.20	.010	1	238.44		.48
PROSTHETICS	0	1		30.00		30.00	.000	1	.00		.00
DENTURES, STAYPLATES	7	14		1,686.00		120.43	.002		240.86		.21
SPACE MAINTAINERS	0	0		.00		.00	.000	1	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	1	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	1	.00		.00
ORTHODONTIC SERVICES	8	10		700.00		70.00	.001		87.50		.09
ALL OTHER SERVICES	2	1		.00		.00	.000	1	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-	OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 10,002
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTANCI	E - DISABLED							
								3.603.TEST		~=	

----- MONTHLY AVERAGE -----USERS 7,887 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 436 1,274 31,469.47 24.70 .162 \$ 72.18 \$ 3.99 DIAGNOSTIC AND ANC. PROCED 168 171 7,290.06 42.63 .022 .92 43.39 EYE APPLIANCES 346 993 22,185.06 22.34 .126 64.12 2.81 OTHER OPTOMETRIC SERVICES 69 110 1,994.35 18.13 .014 28.90 . 25 @CHIROPRACTOR 13 177.40 13.65 .002 \$ 19.71 \$ .02 VISITS 9 150.48 16.72 .001 21.50 .02 26.92 6.73 .001 13.46 .00 OTHER SERVICES @PODTATRIST 433.25 72.21 .001 \$ 108.31 \$ .05 0 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. 281.65 281.65 .000 281.65 .04 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER 5 151.60 30.32 .001 50.53 .02 @HOME HEALTH AGENCY 387 26,404.54 68.23 .049 419.12 3.35 0 .00 .00 .000 .00 \$ .00 NURSE ANESTHESIST NURSE MIDWIFE 0 .00 Ġ .00 .000 Ś .00 Ś .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 \$ .00 FAMILY NURSE PRACTITIONER Ω 0 .00 .00 .000 .00 Ś .00 @TOTAL HOSPITAL 1,800 9,540 1,259,011.90 131.97 1.210 699.45 159.63 1500.36 5877.90 HOSP INPATIENT TOTAL 170 666 999,242.98 .084 126.69 30 145 187,328.00 1291.92 .018 6244.27 23.75 HSC HOSPITALS 344 762,376.59 2216.21 .044 10165.02 96.66 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS 344 257,790.47 749.39 .044 3483.66 32.69 10 2,313.00 231.30 1156.50 .29 ADMINISTRATIVE DAYS .001 0 .00 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 ALL OTHER ACCOM 73 334 255,477.47 764.90 .042 3499.69 32.39 ANCILLARIES 0 504,586.12 .00 6727.81 63.98 .000 INPATIENT CROSSOVERS 177 49,538.39 279.88 .022 728.51 6.28 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 259,768.92 HOSP OUTPATIENT TOTAL 1,731 8,874 29.27 1.125 150.07 32.94 981 49,939.12 50.91 .124 92.65 MEDICAL 6.33 SURGERY 81 91 10,889.81 119.67 .012 134.44 1.38 677 34,089.53 11.27 50.35 PATHOLOGY 3,026 .384 4.32 426 660 54,872.36 83.14 .084 128.81 6.96 RADIOLOGY 40.59 ROOM USE 587 893 36,249.57 .113 61.75 4.60

CROSSOVERS/ALL OTH OUTPTNT	900	3,223		73,728.53		22.88	.409		81.92		9.35
@COUNTY HOSPITAL TOTAL	4	18	\$	2,474.34	\$	137.46	.002	\$	618.59	\$	.31
CO HOSPITAL INPATIENT TOTAL	1	2		2,200.00		1100.00	.000		2200.00		.28
HSC HOSPITALS	1	2		2,200.00		1100.00	.000		2200.00		.28
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	16		274.34		17.15	.002		91.45		.03
MEDICAL	2	2		50.56		25.28	.000		25.28		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		64.97		32.49	.000		64.97		.01
ROOM USE	2	2		71.38		35.69	.000		35.69		.01
CROSSOVERS/ALL OTH OUTPTNT	1	10		87.43		8.74	.001		87.43		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES M	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	PAGE	10,003
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	PUBLI	C ASSI	STANCE - DISABLED							

PLOMAS COUNTI	SUMMARI OF SER	VICES FOR PUBLIC	HOOT	STANCE - DISABLED				an.
5 005			_				NTHLY AVERA	
7,887 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,798	9,522	\$	1,256,537.56	\$ 131.96	1.207		\$ 159.32
COMM HOSP INPATIENT TOTAL	169	664		997,042.98	1501.57	.084	5899.66	126.42
HSC HOSPITALS	29	143		185,128.00	1294.60	.018	6383.72	23.47
NON-HSC HOSPITALS TOTAL	75	344		762,376.59	2216.21	.044	10165.02	96.66
ACCOMMODATIONS	74	344		257,790.47	749.39	.044	3483.66	32.69
ADMINISTRATIVE DAYS	2	10		2,313.00	231.30	.001	1156.50	.29
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	73	334		255,477.47	764.90	.042	3499.69	32.39
ANCILLARIES	75	0		504,586.12	.00	.000	6727.81	63.98
INPATIENT CROSSOVERS	68	177		49,538.39	279.88	.022	728.51	6.28
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,729	8,858		259,494.58	29.29	1.123	150.08	32.90
MEDICAL	537	979		49,888.56	50.96	.124	92.90	6.33
SURGERY	81	91		10,889.81	119.67	.012	134.44	1.38
PATHOLOGY	677	3,026		34,089.53	11.27	.384	50.35	4.32
RADIOLOGY	425	658		54,807.39	83.29	.083	128.96	6.95
ROOM USE	586	891		36,178.19	40.60	.113	61.74	4.59
CROSSOVERS/ALL OTH OUTPTNT	899	3,213		73,641.10	22.92	.407	81.91	9.34
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	58	1,481	\$	256,112.29	\$ 172.93	.188	\$ 4415.73	\$ 32.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	58	1,481		256,112.29	172.93	.188	4415.73	32.47
@INTERMEDIATE CARE FACILDD	0	. 0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	•	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	16	\$	10,203.54	\$ 637.72	.002		\$ 1.29
HOSPITAL BASED	0	0	•	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	16		10,203.54	637.72	.002	784.89	1.29

@REHABILITATION FACILITY	13	112	\$	3,646.28	\$	32.56	.014	\$	280.48	\$	.46
HOSPITAL BASED	12	88		3,223.47		36.63	.011		268.62		.41
INDEPENDENT FACILITY	1	24		422.81		17.62	.003		422.81		.05
@LABORATORY FACILITY	230	798	\$	10,809.27	\$	13.55	.101	\$	47.00	\$	1.37
PATHOLOGY	227	786		10,769.01		13.70	.100		47.44		1.37
XO AND OTHERS	3	12		40.26		3.36	.002		13.42		.01
@ORGANIZED OUTPATIENT CLINIC	2,506	4,766	\$	611,799.72	\$	128.37	.604	\$	244.13	\$	77.57
CLINIC	19	45		4,185.22		93.00	.006		220.27		.53
SURGICENTER	5	15		720.04		48.00	.002		144.01		.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,492	4,706		606,894.46		128.96	.597		243.54		76.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU I	DEC	2003	P	AGE 10,004
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC	ASSI	STANCE - DISABLED							
							MO	HTMC	ILY AVERA	GE ·	
7,887 ELIGIBLES	USERS U	NITS OF SERVIC	Ξ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S C	OST PER	(	COST PER
		OR DAYS OF CAR	Ξ		PEF	R UNIT/DAY	PER ELIG		USER	1	ELIGIBLE

7,887 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES	AVERAGE COST PER UNIT/DAY		G COST PER USER		COST PER
OALL OBUID DROUTDING	010			220 247 22					ELIGIBLE
@ALL OTHER PROVIDERS	919	45,038	\$	239,347.33	\$ 5.31	5.710	•	Ş	30.35
DURABLE MED. EQUIP.	119	1,359		55,590.83	40.91	.172	467.15		7.05
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	8		1,083.04	135.38	.001	180.51		.14
MEDICAL TRANSPORTATION	155	26,258		110,721.79	4.22	3.329	714.33		14.04
AMBULANCES/AIR TRANS	114	1,776		33,816.72	19.04	.225	296.64		4.29
OTHER TRANS	27	24,203		37,885.14	1.57	3.069	1403.15		4.80
OTHER SERVICES	34	279		39,019.93	139.86	.035	1147.65		4.95
ACUPUNCTURE	3	8		151.38	18.92	.001	50.46		.02
ADULT DAY HEALTH CARE CTR	18	250		17,217.43	68.87	.032	956.52		2.18
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	286	689		8,064.38	11.70	.087	28.20		1.02
PHYSICAL THERAPIST	32	234		3,530.49	15.09	.030	110.33		.45
PORTABLE X-RAY	1	6		83.06	13.84	.001	83.06		.01
PROSTHETIST/ORTHOTISTS	10	30		3,436.92	114.56	.004	343.69		.44
PROSTHETICS	8	28		2,956.61	105.59	.004	369.58		.37
ORTHOTICS	2	2		480.31	240.16	.000	240.16		.06
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2	4		202.37	50.59	.001	101.19		.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	122	1,401		16,596.90	11.85	.178	136.04		2.10
EPSDT SUPPLEMENTAL SERVICE	0	. 0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	219	14,791		22,668.74	1.53	1.875	103.51		2.87
@CALIF. CHILDREN SERVICES*	84	1,791		115,408.72			\$ 1373.91	Ġ	14.63
@XOVER EXCLUDING STATE HOSP**	1,021	5,483	Š	147,492.07		.695	•		18.70
@* TOTALC IN THECE IINEC ARE CI	,		ттти		, =0.50	, 0, 0	,	-17	_3.70

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,005 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

I HOIME COONII	DOINIMET OF DEED	VICED FOR FORES	11001								
							MC	ГИC	HLY AVERA	GE	
5,361 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,753	11,361	\$	872,553.95	\$	76.80	2.119	\$	316.95	\$	162.76
@PHYSICIANS SERVICES	306	835	\$	34,879.55	\$	41.77	.156	\$	113.99	\$	6.51
OUTPATIENT VISITS	104	171		5,582.26		32.64	.032		53.68		1.04
OFFICE VISITS	66	73		2,940.34		40.28	.014		44.55		.55

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	27	31	1,704.65	54.99	.006	63.14	.32
PREVENTIVE CARE	2	2	101.96	50.98	.000	50.98	.02
OB VISITS/COMPRE PERI	5	59	694.29	11.77	.011	138.86	.13
OTHER OUTPATIENT	6	6	141.02	23.50	.001	23.50	.03
INPATIENT VISITS	19	97	4,094.54	42.21	.018	215.50	.76
HOSPITAL VISITS	19	92	3,486.54	37.90	.017	183.50	.65
CRITICAL CARE	1	5	608.00	121.60	.001	608.00	.11
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	210.52	52.63	.001	52.63	.04
EXAMINATIONS	4	4	210.52	52.63	.001	52.63	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	129	13,423.67	104.06	.024	671.18	2.50
PRINCIPAL SURGEON	14	27	11,364.85	420.92	.005	811.78	2.12
ASSISTANT SURGEON	1	1	145.94	145.94	.000	145.94	.03
ANESTHESIOLOGIST	7	101	1,912.88	18.94	.019	273.27	.36

OUTPATIENT SURGERY	20	64		3,818.00		59.66	.012		190.90		.71
PRINCIPAL SURGEON	15	15		2,589.05		172.60	.003		172.60		.48
ASSISTANT SURGEON	1	1		93.08		93.08	.000		93.08		.02
ANESTHESIOLOGIST	5	48		1,135.87		23.66	.009		227.17		.21
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	33	49		1,823.60		37.22	.009		55.26		.34
RADIOLOGY	160	243		4,329.39		17.82	.045		27.06		.81
PSYCHIATRY	2	2		146.58		73.29	.000		73.29		.03
IMMUNIZATION AND INJECTION	1	1		57.76		57.76	.000		57.76		.01
OTHER SERVICES/ALL X-OVERS	24	75		1,393.23		18.58	.014		58.05		.26
@PHARMACY	1,283	3,123	\$	139,966.54	\$	44.82	.583	\$	109.09	\$	26.11
PRESCRIPTION DRUGS	1,281	2,869		139,322.25		48.56	.535		108.76		25.99
SNF/ICF	2	5		150.19		30.04	.001		75.10		.03
OUTPATIENTS	1,280	2,864		139,172.06		48.59	.534		108.73		25.96
MEDICAL SUPPLIES	15	254		644.29		2.54	.047		42.95		.12
@DENTIST	53	268	\$	11,244.00	\$	41.96	.050	\$	212.15	\$	2.10
VISITS - DIAGNOSTIC	37	107		2,221.00		20.76	.020		60.03		.41
ORAL SURGERY	11	59		3,737.00		63.34	.011		339.73		.70
DRUGS	2	2		50.00		25.00	.000		25.00		.01
ANESTHESIA	6	6		500.00		83.33	.001		83.33		.09
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	6		426.00		71.00	.001		213.00		.08
RESTORATIVE DENTISTRY	19	75		3,533.00		47.11	.014		185.95		.66
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		111.00		111.00	.000		111.00		.02
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	6	9		630.00		70.00	.002		105.00		.12
ALL OTHER SERVICES	6	3		36.00		12.00	.001		6.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE:	S MON	TH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 10,006
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04

AVERAGE COST UNITS/DAYS COST PER 5,361 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 149 22.66 .075 \$ 61.43 \$ 404 9,153.27 1.71 DIAGNOSTIC AND ANC. PROCED 104 4,512.18 43.39 .019 44.24 .84 EYE APPLIANCES 101 286 4,451.16 15.56 .053 44.07 .83 OTHER OPTOMETRIC SERVICES 10 189.93 13.57 18.99 14 .003 .04 @CHIROPRACTOR 0 0 .00 .00 .000 \$ .00 \$ .00 .00 VISITS .00 .00 .000 .00 .000 OTHER SERVICES .00 .00 .00 .00 73.31 @PODIATRIST 36.66 .000 \$ 36.66 .01 MEDICINE/INJECTIONS 73.31 36.66 .000 36.66 .01 Ω .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .00 .000 .00 RADIO./PATHOLOGY OTHER 0 .00 .00 .000 .00 .00 524.02 74.86 262.01 @HOME HEALTH AGENCY .001 \$ .10 .00 \$ .00 .000 \$ .00 NURSE ANESTHESIST 0 \$ .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 0 .00 .000 .00 .00 .00 @TOTAL HOSPITAL 2,532 317,854.48 125.53 .472 500.56 59.29 91 45.53 HOSP INPATIENT TOTAL 21 244,066.54 2682.05 .017 11622.22 9 .002 1158.00 5211.00 HSC HOSPITALS 10,422.00 NON-HSC HOSPITAL TOTAL 18 80 232,804.54 2910.06 .015 12933.59 43.43 80 6537.13 21.95 ACCOMMODATIONS 18 117,668.35 1470.85 .015 231.30 .000 462.60 462.60 .09 ADMINISTRATIVE DAYS 1

.00

.00

.000

----- MONTHLY AVERAGE -----

.00

.00

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

PLUMAS COUNTY

TRANSITIONAL IP CARE

ALL OTHER ACCOM	18	78			117,205.75		1502.64	.015		6511.43		21.86
ANCILLARIES	18	0			115,136.19		.00	.000		6396.46		21.48
INPATIENT CROSSOVERS	1	2			840.00		420.00	.000		840.00		.16
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	622	2,441			73,787.94		30.23	.455		118.63		13.76
MEDICAL	376	500			22,877.74		45.76	.093		60.85		4.27
SURGERY	37	44			4,767.14		108.34	.008		128.84		.89
PATHOLOGY	209	684			7,797.96		11.40	.128		37.31		1.45
RADIOLOGY	160	219			12,495.81		57.06	.041		78.10		2.33
ROOM USE	409	520			20,390.53		39.21	.097		49.85		3.80
CROSSOVERS/ALL OTH OUTPTNT	221	474			5,458.76		11.52	.088		24.70		1.02
@COUNTY HOSPITAL TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES 1	MONTH-O	F-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 10,007
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASS	ISTANCE	- FAMILIES							
								M	ONT:	HLY AVERA	GE -	

					MOI	NTHLY AVERA	GE
5,361 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	635	2,532 \$	317,854.48	\$ 125.53	.472	500.56	\$ 59.29
COMM HOSP INPATIENT TOTAL	21	91	244,066.54	2682.05	.017	11622.22	45.53
HSC HOSPITALS	2	9	10,422.00	1158.00	.002	5211.00	1.94
NON-HSC HOSPITALS TOTAL	18	80	232,804.54	2910.06	.015	12933.59	43.43
ACCOMMODATIONS	18	80	117,668.35	1470.85	.015	6537.13	21.95
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	78	117,205.75	1502.64	.015	6511.43	21.86
ANCILLARIES	18	0	115,136.19	.00	.000	6396.46	21.48
INPATIENT CROSSOVERS	1	2	840.00	420.00	.000	840.00	.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	622	2,441	73,787.94	30.23	.455	118.63	13.76
MEDICAL	376	500	22,877.74	45.76	.093	60.85	4.27
SURGERY	37	44	4,767.14	108.34	.008	128.84	.89
PATHOLOGY	209	684	7,797.96	11.40	.128	37.31	1.45
RADIOLOGY	160	219	12,495.81	57.06	.041	78.10	2.33
ROOM USE	409	520	20,390.53	39.21	.097	49.85	3.80
CROSSOVERS/ALL OTH OUTPINT	221	474	5,458.76	11.52	.088	24.70	1.02
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSP	TL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL	IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR		0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE F	ACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH		0	0		.00		.00	.000		.00		.00
ICF DD		0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN		0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL		0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED		0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTE	R	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACI	LITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED		0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILI	TY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY		94	214	\$	3,648.39	\$	17.05	.040	\$	38.81	\$	.68
PATHOLOGY		94	214		3,648.39		17.05	.040		38.81		.68
XO AND OTHERS		0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIEN	T CLINIC	1,342	2,114	\$	324,852.46	\$	153.67	.394	\$	242.07	\$	60.60
CLINIC		9	31		1,397.65		45.09	.006		155.29		.26
SURGICENTER		3	27		830.22		30.75	.005		276.74		.15
HEROIN DETOX CLINI	C	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINI	C	1,335	2,056		322,624.59		156.92	.384		241.67		60.18
#CALIF DEPT OF HEALT	H SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 10,008
MOP024		FEE-FOR-SERVICE/DENT	ΓAL									01/29/04
DITIMIA C COTTATELL		CITAMANDIA OD CEDITACIO	TOD DITET TO	1 7 C C T C	3 T T T T T T T T T T T T T T T T T T T							

PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

I HOMB COONII	DOMINICI OI DEIC	VICED FOR FUDETC	1100.	IDITINGE TANTELED				
						-	NTHLY AVERA	-
5,361 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	413	1,862	\$	30,357.93	\$ 16.30	.347		
DURABLE MED. EQUIP.	8	9		1,587.85	176.43	.002	198.48	.30
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	200		9,927.76	49.64	.037	763.67	1.85
AMBULANCES/AIR TRANS	13	197		4,527.76	22.98	.037	348.29	.84
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		5,400.00	1800.00	.001	1800.00	1.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	99	217		2,172.76	10.01	.040	21.95	.41
PHYSICAL THERAPIST	10	70		1,029.41	14.71	.013	102.94	.19
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	286	1,358		15,371.83	11.32	.253	53.75	2.87
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	8		268.32	33.54	.001	89.44	.05
@CALIF. CHILDREN SERVICES*	9	18	\$	2,314.40	\$ 128.58	.003	\$ 257.16	\$ .43
@XOVER EXCLUDING STATE HOSP**	1	1	\$	851.28	\$ 851.28	.000	\$ 851.28	\$ .16

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 10,009

----- MONTHLY AVERAGE -----

01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

PLUMAS COUNTY	SUMMARY OF SERVICE	ES FOR PUBLIC ASSI	STANCE - TOTAL		3.6	ONTHILL 17 317003	CT.
15,159 ELIGIBLES	USERS UI	NITS OF SERVICE	EXDENDIBLE	MARDACE COCH		ONTHLY AVERA S COST PER	COST PER
13,139 ELIGIBLES			EXPENDITURES	AVERAGE COST			
	10 705	OR DAYS OF CARE	6 725 256 54	PER UNIT/DAY			ELIGIBLE
@TOTAL, ALL PROVIDERS	10,705	183,788 \$	6,735,256.54	\$ 36.65	12.124		
@PHYSICIANS SERVICES	1,875	6,661 \$	243,894.81	\$ 36.62	.439		\$ 16.09
OUTPATIENT VISITS	420	575	21,363.36	37.15	.038	50.87	1.41
OFFICE VISITS	289	363	13,120.45	36.14	.024	45.40	.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	85	93	5,481.07	58.94	.006	64.48	.36
PREVENTIVE CARE	2	2	101.96	50.98	.000	50.98	.01
OB VISITS/COMPRE PERI	5	59	694.29	11.77	.004	138.86	.05
OTHER OUTPATIENT	53	58	1,965.59	33.89	.004	37.09	.13
INPATIENT VISITS	125	624	31,217.97	50.03	.041	249.74	2.06
HOSPITAL VISITS	120	544	21,210.48	38.99	.036	176.75	1.40
CRITICAL CARE	13	72	9,705.38	134.80	.005	746.57	.64
SNF/ICF/TRANS IP CARE	3	8	302.11	37.76	.001	100.70	.02
OPHTHALMOLOGICAL SERVICES	19	20	828.04	41.40	.001	43.58	.05
EXAMINATIONS	19	20	828.04	41.40	.001	43.58	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	70	507		88.02	.033	637.55	2.94
	70 52	89	44,628.59				
PRINCIPAL SURGEON			35,639.94	400.45	.006	685.38	2.35
ASSISTANT SURGEON	4	4	614.26	153.57	.000	153.57	.04
ANESTHESIOLOGIST	26	414	8,374.39	20.23	.027	322.09	.55
OUTPATIENT SURGERY	80	289	18,872.52	65.30	.019	235.91	1.24
PRINCIPAL SURGEON	65	84	15,020.16	178.81	.006	231.08	.99
ASSISTANT SURGEON	1	1	93.08	93.08	.000	93.08	.01
ANESTHESIOLOGIST	21	204	3,759.28	18.43	.013	179.01	. 25
DIALYSIS	2	12	989.04	82.42	.001	494.52	.07
PATHOLOGY	141	289	6,887.23	23.83	.019	48.85	.45
RADIOLOGY	585	1,118	28,827.83	25.79	.074	49.28	1.90
PSYCHIATRY	5	5	366.45	73.29	.000	73.29	.02
IMMUNIZATION AND INJECTION	22	993	44,851.81	45.17	.066	2038.72	2.96
OTHER SERVICES/ALL X-OVERS	899	2,229	45,061.97	20.22	.147	50.12	2.97
@PHARMACY	8,095	75,664 \$	2,957,552.98	\$ 39.09		\$ 365.36	
PRESCRIPTION DRUGS	8,043	32,267	2,904,262.46	90.01	2.129	361.09	191.59
SNF/ICF	135	882	57,211.34	64.87	.058	423.79	3.77
OUTPATIENTS	7,926	31,385	2,847,051.12	90.71	2.070	359.20	187.81
MEDICAL SUPPLIES	400	43,397	53,290.52	1.23	2.863	133.23	3.52
@DENTIST	126	623 \$	25,713.70	\$ 41.27	.041		
	84	295		18.22	.019	63.98	.35
VISITS - DIAGNOSTIC	23		5,374.70			276.17	
ORAL SURGERY		107	6,352.00	59.36	.007		.42
DRUGS	2	2	50.00	25.00	.000	25.00	.00
ANESTHESIA	10	10	900.00	90.00	.001	90.00	.06
PERIODONTICS	5	8	1,100.00	137.50	.001	220.00	.07
ENDODONTICS	5	10	946.00	94.60	.001	189.20	.06
RESTORATIVE DENTISTRY	35	151	7,348.00	48.66	.010	209.94	.48
PROSTHETICS	0	1	30.00	30.00	.000	.00	.00
DENTURES, STAYPLATES	8	15	2,136.00	142.40	.001	267.00	.14
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.01
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	14	19	1,330.00	70.00	.001	95.00	.09
ALL OTHER SERVICES	8	4	36.00	9.00	.000	4.50	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES M					PAGE 10,010
MOP024	FEE-FOR-SERVICE/DI		OI,III OI IIIIIIIIII NE	I OICI I OIC OAN 2	.000 11110	2003	01/29/04
PLUMAS COUNTY		ES FOR PUBLIC ASSI	STANCE - TOTAL				01/27/01
I HOLIWO COOMIT	DOMINANT OF BERVICE	TO LOW LODGIC WOOL	DITANCE TOTAL		1/4		CE.

15,159 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	675	1,910 \$	50,476.07	\$ 26.43	.126 \$	74.78	\$ 3.33
DIAGNOSTIC AND ANC. PROCED	289	295	12,740.16	43.19	.019	44.08	.84
EYE APPLIANCES	507	1,452	34,782.29	23.95	.096	68.60	2.29
OTHER OPTOMETRIC SERVICES	106	163	2,953.62	18.12	.011	27.86	.19
@CHIROPRACTOR	9	13 \$	177.40	\$ 13.65	.001 \$	19.71	\$ .01
VISITS	7	9	150.48	16.72	.001	21.50	.01
OTHER SERVICES	2	4	26.92	6.73	.000	13.46	.00
@PODIATRIST	6	8 \$	506.56	\$ 63.32	.001 \$	84.43	\$ .03
MEDICINE/INJECTIONS	2	2	73.31	36.66	.000	36.66	.00
SURGERY/ANES.	1	1	281.65	281.65	.000	281.65	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	5	151.60	30.32	.000	50.53	.01
@HOME HEALTH AGENCY	65	394 \$	26,928.56	\$ 68.35	.026 \$	414.29	\$ 1.78
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ċ	.00	\$	.00	.000		.00		.00
	2,748	13,532	ς.	1,631,533.44		120.57	.893		593.72	\$	107.63
@TOTAL HOSPITAL			Ą		Ą			Ą		Ş	
HOSP INPATIENT TOTAL	233	904		1,278,056.53		1413.78	.060		5485.22		84.31
HSC HOSPITALS	32	154		197,750.00		1284.09	.010		6179.69		13.05
NON-HSC HOSPITAL TOTAL	94	426		999,194.16		2345.53	.028	1	10629.73		65.91
ACCOMMODATIONS	93	426		376,800.42		884.51	.028		4051.62		24.86
ADMINISTRATIVE DAYS	3	12		2,775.60		231.30	.001		925.20		.18
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	92					903.44					
ALL OTHER ACCOM		414		374,024.82			.027		4065.49		24.67
ANCILLARIES	94	0		622,393.74		.00	.000		6621.21		41.06
INPATIENT CROSSOVERS	110	324		81,112.37		250.35	.021		737.39		5.35
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,644	12,628		353,476.91		27.99	.833		133.69		23.32
MEDICAL	925	1,492		73,428.68		49.21	.098		79.38		4.84
SURGERY	119	136		15,770.88		115.96	.009		132.53		1.04
PATHOLOGY	897	3,751				11.29	.247		47.23		2.79
				42,364.79							
RADIOLOGY	596	894		69,156.28		77.36	.059		116.03		4.56
ROOM USE	1,013	1,434		57,423.34		40.04	.095		56.69		3.79
CROSSOVERS/ALL OTH OUTPINT	1,396	4,921		95,332.94		19.37	.325		68.29		6.29
@COUNTY HOSPITAL TOTAL	4	18	\$	2,474.34	\$	137.46	.001	\$	618.59	\$	.16
CO HOSPITAL INPATIENT TOTAL	1	2		2,200.00		1100.00	.000		2200.00		.15
HSC HOSPITALS	1	2		2,200.00		1100.00	.000		2200.00		.15
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0									
ADMINISTRATIVE DAYS	0	Ü		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ô	Ō		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	16		274.34		17.15	.001		91.45		.02
	3	2		50.56		25.28	.000		25.28		
MEDICAL	2										.00
SURGERY	U	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		64.97		32.49	.000		64.97		.00
ROOM USE	2	2		71.38		35.69	.000		35.69		.00
CROSSOVERS/ALL OTH OUTPTNT	1	10		87.43		8.74	.001		87.43		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU I	DEC	2003	P/	AGE 10,011
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY		ICES FOR PUBLIC .	ASSTS	STANCE - TOTAL							
							MO	ЭМТЬ	HIY AVERA	GE .	
15,159 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST					COST PER
13,137 111011110	OBLIG	OR DAYS OF CARE		HALL HINDLI OKED		R UNIT/DAY		5	USER		ELIGIBLE
ACOMMINITED HOURTERS HOURS	2 746			1 620 050 10				<u>ب</u>	593.25		107.46
@COMMUNITY HOSPITAL TOTAL	2,746	13,514	\$	1,629,059.10	Ş	120.55		Þ		Þ	
COMM HOSP INPATIENT TOTAL	232	902		1,275,856.53		1414.48	.060		5499.38		84.16
HSC HOSPITALS	31	152		195,550.00		1286.51	.010		6308.06		12.90
NON-HSC HOSPITALS TOTAL	94	426		999,194.16		2345.53	.028	1	10629.73		65.91
ACCOMMODATIONS	93	426		376,800.42		884.51	.028		4051.62		24.86
ADMINISTRATIVE DAYS	3	12		2,775.60		231.30	.001		925.20		.18
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	92	414		374,024.82		903.44	.027		4065.49		24.67
ANCILLARIES	94	0		622,393.74		.00	.000		6621.21		41.06
INPATIENT CROSSOVERS	110	324		81,112.37		250.35	.021		737.39		5.35
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,642	12,612		353,202.57		28.01	.832		133.69		23.30
MEDICAL	923	1,490		73,378.12		49.25	.098		79.50		4.84
SURGERY	119	136		15,770.88		115.96	.009		132.53		1.04
PATHOLOGY	897	3,751		42,364.79		11.29	.247		47.23		2.79
	<b>52</b> ,	3,,31		12,001.70		,	• = 1 /		223		,,

RADIOLOGY	595	892		69,091.31		77.46	.059	116.12		4.56
ROOM USE	1,012	1,432		57,351.96		40.05	.094	56.67		3.78
CROSSOVERS/ALL OTH OUTPINT		4,911		95,245.51		19.39	.324	68.28		6.28
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	115	2,884	\$	470,515.73	\$	163.15	.190	\$ 4091.44	\$	31.04
LEV A-INTERMEDIATE	0	. 0	•	.00	•	.00	.000	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	115	2,884		470,515.73		163.15	.190	4091.44		31.04
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .00	Ś	.00
ICF DDH	0	0		.00	•	.00	.000	.00	•	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALVSIS TOTAL	18	24	\$	11,644.62	\$	485.19	.002	\$ 646.92	Ś	.77
HOSPITAL BASED	0	0	4	.00	4	.00	.000	.00	-	.00
HEMODIALYSIS CENTER	18	24		11,644.62		485.19	.002	646.92		.77
@REHABILITATION FACILITY	0 18 14	115	\$	3,754.78	\$		.008		Ś	.25
HOSPITAL BASED	13	91	τ	3,331.97	τ	36.62	.006	256.31	Υ	. 22
INDEPENDENT FACILITY	1	24		422.81		17.62	.002	422.81		.03
@LABORATORY FACILITY	325	1,013	\$	14,517.91	\$	14.33	.067		\$	.96
PATHOLOGY	321	1,000	4	14,417.40	4	14.42	.066	44.91	т	.95
XO AND OTHERS	4	13		100.51		7.73	.001	25.13		.01
@ORGANIZED OUTPATIENT CLINIC	4,317	7,703	\$	992,310.40	\$	128.82	.508		Ś	65.46
CLINIC	30	80	4	5,784.17	4	72.30	.005	192.81	-	.38
SURGICENTER	11	46		1,945.60		42.30	.003	176.87		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	4,291	7,577		984,580.63		129.94	.500	229.45		64.95
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT R	EPORT				P.	AGE 10,012
MOP024	FEE-FOR-SERVICE									01/29/04
PLUMAS COUNTY		ICES FOR PUBLIC	ASSI	STANCE - TOTAL						, , , ,
							MC	NTHLY AVERA	AGE -	
15,159 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE	ERAGE COST		COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	1,514	73,244	\$	305,729.58	\$	4.17	4.832	\$ 201.93	\$	20.17
DURABLE MED. EQUIP.	136	1,399	•	63,140.64	-	45.13	.092	464.27		4.17
BLOOD BANK	136 0 21	. 0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	21	44		5,755.73		130.81	.003	274.08		.38
MEDICAL TRANSPORTATION	184 133 27	26,948		133,888.42		4.97	1.778	727.65		8.83
AMBULANCES/AIR TRANS	133	2,083		40,720.06		19.55	.137	306.17		2.69
OTHER TRANS	27	24,203		37,885.14		1.57	1.597	1403.15		2.50
		, , , , ,		- ,		00 51	0.4.4	1151 50		

662

250

8

0

0

0

6

43

41

0

4

0

1,029

304

83.51

18.92

68.87

11.38

15.00

13.84

120.04

114.18

240.16

50.59

.00

.00

.00

.00

.00

.00

55,283.22

17,217.43

11,714.52

4,559.90

5,161.74

4,681.43

480.31

202.37

.00

.00

.00

83.06

151.38

.00

.00

.00

1151.73

50.46

.00

.00

.00

26.75

83.06

108.57

344.12

360.11

240.16

101.19

.00

.00

.00

956.52

.044

.001

.016

.000

.000

.000

.068

.020

.000

.003

.003

.000

.000

.000

.000

.000

3.65

.01

.00

.00

.00

.77

.30

.01

.34

.31

.03

.00

.01

.00

.00

1.14

48

3

18

0

0

0

438

42

1

15

13

2

0

2

0

0

OTHER SERVICES

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

ACUPUNCTURE

OPTICIAN

LOCAL EDUCATION AGENCIES	419	2,947	34,102.15	11.57	.194	81.39	2.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	311	40,262	29,752.24	.74	2.656	95.67	1.96
@CALIF. CHILDREN SERVICES*	113	1,917	\$ 137,235.78	\$ 71.59	.126	\$ 1214.48	\$ 9.05
@XOVER EXCLUDING STATE HOSP**	1,583	9,487	\$ 240,428.08	\$ 25.34	.626	\$ 151.88	\$ 15.86

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,013 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MIN - NO	SUC	- AGED AID	CODE 14	IH IU		ONT⊞	, , , , , , , , , , , , , , , , , , ,	αп	
E12 DI TOTRI DO	Hanna	INITES OF SERVICE	,		317ED 3 G	п сост	M			ŒĔ	
513 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
omomil all provinces	3.65	OR DAYS OF CAR		000 265 00			PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	365	2,700	\$	222,365.88		2.36	5.263			\$	433.46
@PHYSICIANS SERVICES	43	74	\$	1,363.02		8.42	.144	Ş	31.70	Ş	2.66
OUTPATIENT VISITS	1	1		68.35	6	8.35	.002		68.35		.13
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35	6	8.35	.002		68.35		.13
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	1		46.44	4	6.44	.002		46.44		.09
HOSPITAL VISITS	1	1		46.44	4	6.44	.002		46.44		.09
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	U	U		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		120.50	6	0.25	.004		120.50		.23
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	40	70		1,127.73	1	6.11	.136		28.19		2.20
@PHARMACY	289	1,125	\$	63,361.21	\$ 5	6.32	2.193	\$	219.24	\$	123.51
PRESCRIPTION DRUGS	288	1,118		63,094.29	5	6.43	2.179		219.08		122.99
SNF/ICF	33	198		10,093.15	5	0.98	.386		305.85		19.67
OUTPATIENTS	255	920		53,001.14		7.61	1.793		207.85		103.32
MEDICAL SUPPLIES	5	7		266.92		8.13	.014		53.38		.52
@DENTIST	6	19	\$	347.00		8.26	.037	Ś	57.83	Ś	.68
VISITS - DIAGNOSTIC	4	13	٧	91.00		7.00	.025	Y	22.75	Y	.18
ORAL SURGERY	1	2		123.00		1.50	.004		123.00		.24
DRUGS	0	0		.00	0.	.00	.000		.00		.00
	0	0									
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	U	Û		.00	2	.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	4		133.00	3	3.25	.008		66.50		.26
PROSTHETICS	0	0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	NTH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DE	C 2003	PAGE 10,014
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR MN - NO SOC -	- AGED AID CODE	14 1H 1U 12	ζ		
					MON'	THIV AVERAC	F

MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC -	AGED AID	CODE	14 1H 1U					
							MC				
513 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE			PER		PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	16 1	49	\$	1,052.27	\$	21.47	.096	\$	65.77	\$	2.05
DIAGNOSTIC AND ANC. PROCED	1	1		75.11		75.11	.002		75.11		.15
EYE APPLIANCES	9	29		725.68		25.02	.057		80.63		1.41
OTHER OPTOMETRIC SERVICES	9 9 0 0	19		251.48		13.24	.037		27.94		.49
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	•	.00	•	.00	.000	·	.00	·	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	Ö	0	٧	.00	Υ	.00	.000	٧	.00	٧	.00
SIRGERY / ANES	0	0		.00		.00	.000		.00		.00
PADIO /PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTUFD	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	بع	.00	بخ	.00	.000	۲.	.00	بي	.00
WHOME REALIR AGENCY	0	0	ې د								
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE MIDWIFE DEDIATRIC NURSE PRACTITIONER	0	0	ې د	.00	\$	.00	.000		.00		.00
NURSE MIDWIFE	0	0	Ş	.00	\$	.00	.000		.00		.00
IBBININE NORBE INDETTIONER		_	ው	.00		.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00			.000		.00		.00
@TOTAL HOSPITAL	52	298	Ş	6,600.29	\$		.581	Ş	126.93	Ş	12.87
HOSP INPATIENT TOTAL	4	7		3,304.00		472.00	.014		826.00		6.44
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	7		3,304.00		472.00	.014		826.00		6.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	50	291		3,296.29		11.33	.567		65.93		6.43
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	i	2		26.29		13.15	.004		26.29		.05
RADIOLOGY	1	2		38.70		19.35	.004		38.70		.08
ROOM USE	1	1		33.11		33.11	.002		33.11		.06
CROSSOVERS/ALL OTH OUTPTNT		286		3,198.19		11.18	.558		65.27		6.23
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	ċ,	.00	بخ	.00
CO HOSPITAL INPATIENT TOTAL	•	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0									
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL		_		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT											
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MOI	NTH-OF-PAYMENT REE	ORT FOR JAN 2	003 THRU DEC	C 2003	PAGE 10,015
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC -	- AGED AID C	CODE 14 1H 1U	1X		
					MON'	THLY AVERAG	E
513 ELIGIBLES	USERS UNIT	'S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52	298 \$	6,600.29	\$ 22.15	.581 \$	126.93	\$ 12.87
COMM HOSP INPATIENT TOTAL	4	7	3,304.00	472.00	.014	826.00	6.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Λ	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	7	3,304.00	472.00	.014	826.00	6.44
	7	0					
ALL OTHER INPATIENT	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	50	291	3,296.29	11.33	.567	65.93	6.43
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	26.29	13.15	.004	26.29	.05
RADIOLOGY	1	2	38.70	19.35	.004	38.70	.08
ROOM USE	1	1	33.11	33.11	.002	33.11	.06
CROSSOVERS/ALL OTH OUTPTNT	49	286	3,198.19	11.18	.558	65.27	6.23
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
	36						
@NURSING FACILITY		•	134,539.14	\$ 154.29	1.700 \$	3737.20	\$ 262.26
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	36	872	134,539.14	154.29	1.700	3737.20	262.26
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	Õ	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00		.000	.00	.00
	0			.00			
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	Ü	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1 \$	60.25	\$ 60.25	.002 \$	60.25	\$ .12
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	1	60.25	60.25	.002	60.25	.12
@ORGANIZED OUTPATIENT CLINIC	90	150 \$	13,815.83	\$ 92.11	.292 \$	153.51	\$ 26.93
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	90	150	13,815.83	92.11	.292	153.51	26.93
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					
MOP024	FEE-FOR-SERVICE		MONIII OF FAIMENT R	EFORT FOR UAIN	2005 TIMO DE	C 2003	01/29/04
PLUMAS COUNTY				CODE 14 1H 1U	. 1v		01/29/04
PLOMAS COUNTI	SUMMARI OF SERV	ICES FOR MN - NO S	OC - AGED AID	CODE 14 IH IU		ת מתודע אנודים	CE.
E12 DITGIDI DO	Hanna	IBITES OF SERVICE		ALTERA CEL COCE	MON'		
513 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0.0	OR DAYS OF CARE	1 006 00	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	112 \$	1,226.87	\$ 10.95	.218 \$	61.34	· ·
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	64	442.34	6.91	.125	110.59	.86
AMBULANCES/AIR TRANS	1	2	96.06	48.03	.004	96.06	.19
OTHER TRANS	1	3	19.84	6.61	.006	19.84	.04
OTHER SERVICES	_ 3	59	326.44	5.53	.115	108.81	.64
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	O O	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
	0						
IHMC, MODEL-NF, NF, AIDS, MSSP	-	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	8	21	249.28	11.87	.041	31.16	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	27	535.25	19.82	.053	53.53	1.04
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	96	466	\$ 13,325.04	\$ 28.59	.908	\$ 138.80	\$ 25.97

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,017 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

PLUMAS COUNTI	SUMMARI OF SER	ON - MM AOA CADIV.	20C -	מאדחם	AID CODE			
						MON	ITHLY AVERA	GE
34 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8	1,109	\$	5,129.83	\$ 4.63	32.618 \$	641.23	\$ 150.88
@PHYSICIANS SERVICES	6	43	\$	367.07	\$ 8.54	1.265 \$	61.18	\$ 10.80
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.029	37.15	1.09
EXAMINATIONS	1	1		37.15	37.15	.029	37.15	1.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	10		167.19	16.72	.294	83.60	4.92
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	32		162.73	5.09	.941	54.24	4.79
@PHARMACY	1	5	\$	534.86	\$ 106.97	.147 \$	534.86	\$ 15.73
PRESCRIPTION DRUGS	1	5		534.86	106.97	.147	534.86	15.73
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	5		534.86	106.97	.147	534.86	15.73

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	ONTH-OF-PAYMENT REPO	RT FOR JAN	2003 THRU DI	EC 2003	PAGE 10,018
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	- BLIND	AID CODE	24		
					MOI	NTHLY AVERAG	F

							MO	N.T.HT.X	AVERA	4GE	
34 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST	r per		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	US	SER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	1	\$	11.87	\$	11.87	.029	\$ 1	L1.87	\$	.35
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	1		11.87		11.87	.029	1	L1.87		.35
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		11.87		11.87	.029	1	L1.87		.35
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	-	.00	•	.00	.000		.00	•	.00
	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON					PAGE 10,019
MOP024	FEE-FOR-SERVICE		III OF FAIRENT KI	EFORT FOR UAN 2	.005 IIIKO DEK	2003	01/29/04
PLUMAS COUNTY		VICES FOR MN - NO SOC -	RI.TND	AID CODE	24		01/25/04
FLOMAS COUNTI	SUMMAKI OF SEK	VICES FOR MM - NO SOC -	DILIND	AID CODE	MONT	מקקע ע.דעי	GF
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
34 EDIGIDDES	OBERD	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	11.87	\$ 11.87	.029 \$	11.87	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	11.87	11.87	.029	11.87	.35
MEDICAL	Û	Û	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ô	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	11.87	11.87	.029	11.87	.35
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	Ö	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	Û	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	Ô	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	Ô	0	.00	.00	.000	.00	.00
ICF DD	ő	Ö	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	Ö	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	5 \$	1,795.83	\$ 359.17	.147 \$	598.61	\$ 52.82
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	5	1,795.83	359.17	.147	598.61	52.82
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	
HOCDITAL BACED	Ô	0	0.0	00	000	00	00

\$

0

0

0

.00

.00

.00

\$

.000

.000

.000 \$

.00

.00

.00

.00

.00

.00 \$

.00

.00

.00

INDEPENDENT FACILITY

HOSPITAL BASED

@LABORATORY FACILITY

0

0

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	9 \$	827.84	\$ 91.98	.265 \$	275.95	\$ 24.35
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	9	827.84	91.98	.265	275.95	24.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 10,020
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC -	- BLIND	AID CODE	24		
					MON'	THLY AVERA	GE
34 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1,046 \$	1,592.36	\$ 1.52	30.765 \$	1592.36	\$ 46.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1,044	1,553.40	1.49	30.706	1553.40	45.69
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	1,044	1,553.40	1.49	30.706	1553.40	45.69
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	38.96	19.48	.059	38.96	1.15
PROSTHETICS	1	2	38.96	19.48	.059	38.96	1.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	4	40 \$	2,009.39	\$ 50.23	1.176	\$ 502.35	\$ 59.10
at manage the million of the attitud	3 C 3 CED3D3EE	TATEODAIA ET CAT TEETA					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,021 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

PLUMAS COUNTI	SUMMARI OF SER	VICES FOR MIN - NO	30C -	- DISABLED 04 (	OG OR OU OV OA			
						Mo	ONTHLY AVERA	GE
530 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	391	9,428	\$	249,177.63	\$ 26.43	17.789	\$ 637.28	\$ 470.15
@PHYSICIANS SERVICES	71	183	\$	4,941.74	\$ 27.00	.345	\$ 69.60	\$ 9.32
OUTPATIENT VISITS	6	7		350.21	50.03	.013	58.37	.66
OFFICE VISITS	4	5		251.21	50.24	.009	62.80	.47
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		99.00	49.50	.004	49.50	.19
INPATIENT VISITS	4	12		676.32	56.36	.023	169.08	1.28
HOSPITAL VISITS	4	11		554.72	50.43	.021	138.68	1.05
CRITICAL CARE	1	1		121.60	121.60	.002	121.60	.23
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	17		1,081.56	63.62	.032	270.39	2.04
PRINCIPAL SURGEON	4	7		840.31	120.04	.013	210.08	1.59
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10		241.25	24.13	.019	241.25	.46
OUTPATIENT SURGERY	6	16		656.25	41.02	.030	109.38	1.24
PRINCIPAL SURGEON	5	10		404.91	40.49	.019	80.98	.76
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	6		251.34	41.89	.011	125.67	.47

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	15	28		1,037.66		37.06	.053		69.18		1.96
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	53	103		1,139.74		11.07	.194		21.50		2.15
@PHARMACY	298	8,136	\$	134,266.23	\$	16.50	15.351	\$	450.56	\$	253.33
PRESCRIPTION DRUGS	294	1,220		132,381.19		108.51	2.302		450.28		249.78
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	294	1,220		132,381.19		108.51	2.302		450.28		249.78
MEDICAL SUPPLIES	12	6,916		1,885.04		.27	13.049		157.09		3.56
@DENTIST	7	19	\$	2,328.00	\$	122.53	.036	\$	332.57	\$	4.39
VISITS - DIAGNOSTIC	4	5		105.00		21.00	.009		26.25		.20
ORAL SURGERY	2	9		363.00		40.33	.017		181.50		.68
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		60.00		60.00	.002		60.00		.11
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		1,800.00		450.00	.008		900.00		3.40
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDIT	URES	MONTH-OF-PAYMENT RI	EPOR'	FOR JAN	2003 THRU	DEC	2003	PI	GE 10,022
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R MN - 1	NO SO	C - DISABLED 64	6G 6I	1 6U 6V 6	X 8G				

----- MONTHLY AVERAGE -----530 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 43 881.28 \$ 20.49 58.75 \$ @OPTOMETRIST .081 \$ DIAGNOSTIC AND ANC. PROCED 150.36 37.59 .008 37.59 .28 563.69 11 33 17.08 .062 51.24 1.06 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 167.23 27.87 .011 41.81 .32 .00 \$ .00 .00 \$ @CHIROPRACTOR .000 \$ .00 .000 VISITS .00 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$ 0 .00 .000 \$ .00 \$ @PODIATRIST .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .000 .00 .00 .00 .00 .000 \$ @HOME HEALTH AGENCY .00 \$ .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 .00 .000 \$ .00 \$ NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .000 .00 \$ .00 0 .00 .00 .00 FAMILY NURSE PRACTITIONER .000 .00 .779 94 413 66,592.27 @TOTAL HOSPITAL 161.24 708.43 \$ 125.65 HOSP INPATIENT TOTAL 10 76 59,188.41 778.79 .143 5918.84 111.68 15 HSC HOSPITALS 28,350.00 1890.00 28350.00 53.49 1 .028 NON-HSC HOSPITAL TOTAL 10 25,042.41 2504.24 .019 12521.21 47.25 ACCOMMODATIONS 10 11,132.93 1113.29 .019 5566.47 21.01 0 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 0 .00 .00 .00 .000 TRANSITIONAL IP CARE .00 11,132.93 1113.29 ALL OTHER ACCOM 10 .019 5566.47 21.01 0 13,909.48 .00 ANCILLARIES .000 6954.74 26.24 .096 51 5,796.00 113.65 828.00 10.94 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	85	337	7,403.86	21.97	.636	87.10	13.97
MEDICAL	8	21	999.25	47.58	.040	124.91	1.89
SURGERY	1	1	87.48	87.48	.002	87.48	.17
PATHOLOGY	8	46	479.62	10.43	.087	59.95	.90
RADIOLOGY	11	16	882.85	55.18	.030	80.26	1.67
ROOM USE	16	23	1,036.60	45.07	.043	64.79	1.96
CROSSOVERS/ALL OTH OUTPTN	T 73	230	3,918.06	17.04	.434	53.67	7.39
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTA	AL 0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTN	0 TT	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 10,023
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLUMAS COUNTY		D 101 110 0	TOO DECEMBED (4 (	C CTT CTT CTT CTT	0.0		
	SUMMARY OF SERVICES FO	OR MN - NO S	SOC - DISABLED 64 6	G 6H 6U 6V 6X	. 8G MON		

530 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST			COST PER	LO E	COST PER
220 FILGIPIES	CALCO	OR DAYS OF CAR		EXPENDITORES			5 (	USER		ELIGIBLE
ACOMMINITAL HOLDINAL MODAL	0.4			66 502 27	PER UNIT/DAY		۲,		٠,	
@COMMUNITY HOSPITAL TOTAL	94	413	\$	66,592.27	\$ 161.24	.779	Ş	708.43	Ş	125.65
COMM HOSP INPATIENT TOTAL	10	76		59,188.41	778.79	.143		5918.84		111.68
HSC HOSPITALS	Ţ	15		28,350.00	1890.00	.028		28350.00		53.49
NON-HSC HOSPITALS TOTAL	2	10		25,042.41	2504.24	.019	-	12521.21		47.25
ACCOMMODATIONS	2	10		11,132.93	1113.29	.019		5566.47		21.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	2	10		11,132.93	1113.29	.019		5566.47		21.01
ANCILLARIES	2	0		13,909.48	.00	.000		6954.74		26.24
INPATIENT CROSSOVERS	7	51		5,796.00	113.65	.096		828.00		10.94
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	85	337		7,403.86	21.97	.636		87.10		13.97
MEDICAL	8	21		999.25	47.58	.040		124.91		1.89
SURGERY	1	1		87.48	87.48	.002		87.48		.17
PATHOLOGY	8	46		479.62	10.43	.087		59.95		.90
RADIOLOGY	11	16		882.85	55.18	.030		80.26		1.67
ROOM USE	16	23		1,036.60	45.07	.043		64.79		1.96
CROSSOVERS/ALL OTH OUTPTNT	73	230		3,918.06	17.04	.434		53.67		7.39
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00	.00	.000	•	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	1,785.00	\$ .00	.000	\$	1785.00	\$	3.37
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	1	0		1,785.00	.00	.000		1785.00		3.37
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	7	\$	77.01	\$	11.00	.013	\$	38.51	\$	.15
PATHOLOGY	2	7		77.01		11.00	.013		38.51		.15
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	123	210	\$	18,024.24	\$	85.83	.396	\$	146.54	\$	34.01
CLINIC	1	1		109.03		109.03	.002		109.03		.21
SURGICENTER	2	7		309.77		44.25	.013		154.89		.58
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	121	202		17,605.44		87.16	.381		145.50		33.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 10,024
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R MN - N	O SOC	- DISABLED 64	6G 6H	6U 6V 6X	8G				

----- MONTHLY AVERAGE -----530 ELIGIBLES UNITS OF SERVICE EXPENDITURES USERS AVERAGE COST UNITS/DAYS COST PER COST PER 33 4 0 0 0 0 4 122 117 0 5 0 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 417 \$
70
0
122 20,281.86 \$ 48.64 .787 \$ 614.60 \$ 38.27 10,363.02 148.04 .132 2590.76 19.55 @ALL OTHER PROVIDERS DURABLE MED. EQUIP. .00 BLOOD BANK .00 HEARING AID DISPENSERS .00 5,283.76 MEDICAL TRANSPORTATION 9.97 AMBULANCES/AIR TRANS 2,093.90 OTHER TRANS .00 OTHER SERVICES 6.02 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .20 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 OPTICIAN .49 PHYSICAL THERAPIST .42 PORTABLE X-RAY 0 .00 PROSTHETIST/ORTHOTISTS 1.94 PROSTHETICS 1.94 ORTHOTICS .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .00 .00 1,965.48 0 NONINST BIRTHING CENTERS .00 158 3.71 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 0 RESPIRATORY CARE PRACT. .00 0 24 119 \$ 5,957 \$ .00 .00 1,057.10 44.05 PED SUBACUTE REHAB/WEANING .00 .045 ALL OTHER PROVIDERS 151.01 1.99 40,534.92 \$ 340.63 @CALIF. CHILDREN SERVICES\* .225 \$ 5066.87 \$ 76.48 @XOVER EXCLUDING STATE HOSP\*\* 13,819.34 \$ 2.32 11.240 \$ 125.63 \$ 110 26.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,025 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

12,110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,930	30,422	\$ 2,724,190.62	\$ 89.55	2.512	\$ 459.39	\$ 224.95
@PHYSICIANS SERVICES	835	2,424	\$ 113,307.57	\$ 46.74	.200	\$ 135.70	\$ 9.36
OUTPATIENT VISITS	186	229	10,661.94	46.56	.019	57.32	.88
OFFICE VISITS	121	137	5,851.53	42.71	.011	48.36	.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	39	43	2,391.84	55.62	.004	61.33	.20
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.01
OB VISITS/COMPRE PERI	12	33	1,812.31	54.92	.003	151.03	.15
OTHER OUTPATIENT	15	15	540.48	36.03	.001	36.03	.04
INPATIENT VISITS	79	426	24,592.40	57.73	.035	311.30	2.03
HOSPITAL VISITS	73	327	13,260.00	40.55	.027	181.64	1.09
CRITICAL CARE	9	99	11,332.40	114.47	.008	1259.16	.94
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.00

EXAMINATIONS	1	1		46.44		46.44	.000		46.44		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	63	296		30,126.71		101.78	.024		478.20		2.49
PRINCIPAL SURGEON	49	81		25,575.62		315.75	.007		521.95		2.11
ASSISTANT SURGEON	6	6		854.13		142.36	.000		142.36		.07
ANESTHESIOLOGIST	14	209		3,696.96		17.69	.017		264.07		.31
OUTPATIENT SURGERY	61	181		14,352.76		79.30	.015		235.29		1.19
PRINCIPAL SURGEON	50	70		11,825.34		168.93	.006		236.51		.98
ASSISTANT SURGEON	1	1		93.08		93.08	.000		93.08		.01
ANESTHESIOLOGIST	18	110		2,434.34		22.13	.009		135.24		.20
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	108	191		7,341.60		38.44	.016		67.98		.61
RADIOLOGY	471	694		16,477.46		23.74	.057		34.98		1.36
PSYCHIATRY	4	4		293.16		73.29	.000		73.29		.02
IMMUNIZATION AND INJECTION	4	13		215.87		16.61	.001		53.97		.02
OTHER SERVICES/ALL X-OVERS	98	389		9,199.23		23.65	.032		93.87		.76
@PHARMACY	3,232	9,431	\$	530,263.10	\$	56.23	.779	\$	164.07	\$	43.79
PRESCRIPTION DRUGS	3,210	7,714	•	436,903.66	•	56.64	.637	•	136.11	·	36.08
SNF/ICF	2	, 12		1,371.71		114.31	.001		685.86		.11
OUTPATIENTS	3,209	7,702		435,531.95		56.55	.636		135.72		35.96
MEDICAL SUPPLIES	41	1,717		93,359.44		54.37	.142		2277.06		7.71
@DENTIST	77	404	\$	19,382.00	\$	47.98	.033	\$	251.71	Ś	1.60
VISITS - DIAGNOSTIC	55	173		3,379.00	•	19.53	.014	•	61.44		.28
ORAL SURGERY	18	57		5,531.75		97.05	.005		307.32		.46
DRUGS	5	6		150.00		25.00	.000		30.00		.01
ANESTHESIA	11	11		1,000.00		90.91	.001		90.91		.08
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.02
ENDODONTICS	8	18		2,244.00		124.67	.001		280.50		.19
RESTORATIVE DENTISTRY	22	129		6,161.25		47.76	.011		280.06		.51
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		140.00		140.00	.000		140.00		.01
SPACE MAINTAINERS	<u></u>	1		111.00		111.00	.000		111.00		.01
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	5	5		315.00		63.00	.000		63.00		.03
ALL OTHER SERVICES	3	2		150.00		75.00	.000		50.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITE	RES N	MONTH-OF-PAYMENT R	EPORT			DEC		ÞΖ	AGE 10,026
MOP024	FEE-FOR-SERVICE		I			2010 01111	2000 111110	210			01/29/04
PLUMAS COUNTY		•	OC-FA	M 34 39 3N 3T 3V	54 59	5.T 5W-5	Y 6.T 7.T 7к				01/20/01
1 101110 0001111	SOLUTION DELICA	1010 1111 11000			0 1 00	20 211 3		ОИТ	HLY AVERA	GE -	
10 110 ELICIDIEC	HCEDC	INTER OF CEDITO	T.	EADEMDILLIDEC	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	ים אמה מסמי	יים דואודייים / האט		COCH DED		OCH DED

12,110 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV1	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	290	842	\$ 19,948.03	\$	23.69	.070	\$	68.79	\$ 1.65
DIAGNOSTIC AND ANC. PROCED	215	222	9,569.01		43.10	.018		44.51	.79
EYE APPLIANCES	212	600	10,102.47		16.84	.050		47.65	.83
OTHER OPTOMETRIC SERVICES	15	20	276.55		13.83	.002		18.44	.02
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.000	\$	16.72	\$ .00
VISITS	1	1	16.72		16.72	.000		16.72	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	4	7	\$ 405.72	\$	57.96	.001	\$	101.43	\$ .03
MEDICINE/INJECTIONS	1	1	57.20		57.20	.000		57.20	.00
SURGERY/ANES.	1	1	92.63		92.63	.000		92.63	.01
RADIO./PATHOLOGY	1	2	34.60		17.30	.000		34.60	.00
OTHER	2	3	221.29		73.76	.000		110.65	.02
@HOME HEALTH AGENCY	12	56	\$ 3,633.42	\$	64.88	.005	\$	302.79	\$ .30
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	1	3	\$ 25.23	\$	8.41	.000	\$	25.23	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	1,643	7,794	\$ 1,200,541.38	\$	154.03	.644	\$	730.70	\$ 99.14

HOSP INPATIENT TOTAL	100	541		968,226.37		789.70	.045		9682.26		79.95
HSC HOSPITALS	18	91		127,040.00		396.04	.008		7057.78		10.49
NON-HSC HOSPITAL TOTAL	88	450		841,186.37		869.30	.037		9558.94		69.46
ACCOMMODATIONS	87	450		329,309.10		731.80	.037		3785.16		27.19
ADMINISTRATIVE DAYS	1	13		3,006.90		231.30	.001		3006.90		.25
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	87	437		326,302.20		746.69	.036		3750.60		26.94
ANCILLARIES	87	0		511,877.27		.00	.000		5883.65		42.27
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,597	7,253		232,315.01		32.03	.599		145.47		19.18
MEDICAL	891	1,277		61,611.32		48.25	.105		69.15		5.09
SURGERY	139	174		19,316.63		111.02	.014		138.97		1.60
PATHOLOGY	668	2,370		25,634.93		10.82	.196		38.38		2.12
RADIOLOGY	463	710		52,511.28		73.96	.059		113.42		4.34
ROOM USE	949	1,296		50,471.36		38.94	.107		53.18		4.17
CROSSOVERS/ALL OTH OUTPINT	610	1,426		22,769.49		15.97	.118		37.33		1.88
@COUNTY HOSPITAL TOTAL	3	23	\$	576.64	\$	25.07	.002	\$	192.21	\$	.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	23		576.64		25.07	.002		192.21		.05
MEDICAL	1	1		7.82		7.82	.000		7.82		.00
SURGERY	1	2		57.32		28.66	.000		57.32		.00
PATHOLOGY	2	10		164.78		16.48	.001		82.39		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	4		246.39		61.60	.000		123.20		.02
CROSSOVERS/ALL OTH OUTPINT	3	6		100.33		16.72	.000		33.44		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUE	RES MONTE	H-OF-PAYMENT RI	EPORT 1	FOR JAN	2003 THRU	DEC	2003	PAG	SE 10,027
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	NN-NOSC	OC-FAM 34	1 39 3N 3T 3V 5	54 59	5J 5W-5Y	Y 6J 7J 7K				

1 201110 0001111	DOIMMENT OF DELL	VIOLD 1010 1110 110000 11	01 07 01. 01 0	01 00 00 01	00 /0 /10			
	MONTHLY AVERAGE							
12,110 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,640	7,771 \$	1,199,964.74	\$ 154.42	.642	\$ 731.69	\$	99.09
COMM HOSP INPATIENT TOTAL	100	541	968,226.37	1789.70	.045	9682.26		79.95
HSC HOSPITALS	18	91	127,040.00	1396.04	.008	7057.78		10.49
NON-HSC HOSPITALS TOTAL	88	450	841,186.37	1869.30	.037	9558.94		69.46
ACCOMMODATIONS	87	450	329,309.10	731.80	.037	3785.16		27.19
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.001	3006.90		.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	87	437	326,302.20	746.69	.036	3750.60		26.94
ANCILLARIES	87	0	511,877.27	.00	.000	5883.65		42.27
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,594	7,230	231,738.37	32.05	.597	145.38		19.14
MEDICAL	890	1,276	61,603.50	48.28	.105	69.22		5.09
SURGERY	138	172	19,259.31	111.97	.014	139.56		1.59
PATHOLOGY	666	2,360	25,470.15	10.79	.195	38.24		2.10
RADIOLOGY	463	710	52,511.28	73.96	.059	113.42		4.34
ROOM USE	947	1,292	50,224.97	38.87	.107	53.04		4.15
CROSSOVERS/ALL OTH OUTPTNT	607	1,420	22,669.16	15.96	.117	37.35		1.87
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDIN	G 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	117	\$	3,614.38	\$	30.89	.010	\$	602.40	\$	.30
HOSPITAL BASED	6	117		3,614.38		30.89	.010		602.40		.30
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	240	492	\$	9,190.76	\$	18.68	.041	\$	38.29	\$	.76
PATHOLOGY	240	492		9,190.76		18.68	.041		38.29		.76
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,965	4,757	\$	728,045.19	\$	153.05	.393	\$	245.55	\$	60.12
CLINIC	33	104		6,027.43		57.96	.009		182.65		.50
SURGICENTER	1	2		19.00		9.50	.000		19.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,939	4,651		721,998.76		155.24	.384		245.66		59.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	003 THRU	DEC	2003	PA	GE 10,028
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
PLUMAS COUNTY				34 39 3N 3T 3V 5							

----- MONTHLY AVERAGE -----12,110 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG ELIGIBLE OR DAYS OF CARE USER @ALL OTHER PROVIDERS 746 4,094 95,817.12 23.40 .338 \$ 128.44 \$ 7.91 DURABLE MED. EQUIP. 14 26 10,172.65 391.26 .002 726.62 .84 BLOOD BANK 0 0 .00 .00 .000 .00 .00 1 2 99.19 .000 HEARING AID DISPENSERS 49.60 99.19 .01 MEDICAL TRANSPORTATION 1,781 53,698.58 30.15 .147 866.11 4.43 AMBULANCES/AIR TRANS 59 1,766 27,223.58 15.42 .146 461.42 2.25 0 0 .00 .000 .00 .00 OTHER TRANS .00 OTHER SERVICES 14 15 26,475.00 1765.00 .001 1891.07 2.19 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 23 2,415.00 105.00 .002 105.00 .20 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 0 Ω .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST OPTICIAN 199 417 4,123.61 9.89 .034 20.72 .34 73.64 PHYSICAL THERAPIST 109 1,841.01 16.89 .009 .15 0 .00 .00 .00 .00 PORTABLE X-RAY .000 5 661.91 132.38 .000 .05 PROSTHETIST/ORTHOTISTS 661.91 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS 661.91 132.38 .000 661.91 .05 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 199.18 49.80 .000 99.59 .02 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 12.08 LOCAL EDUCATION AGENCIES 399 1,582 19,102.77 .131 47.88 1.58 0 0 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 RESPIRATORY CARE PRACT. 0 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	30	145	3,503.22	24.16	.012	116.77	.29
@CALIF. CHILDREN SERVICES*	38	447	\$ 150,106.92	\$ 335.81	.037	\$ 3950.18	\$ 12.40
@XOVER EXCLUDING STATE HOSP**	23	51	\$ 954.77	\$ 18.72	.004	\$ 41.51	\$ .08

 $@* \ \ \, \text{TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;}\\$ 

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 10,029

01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PLUMAS COUNTY	SUMMARY OF SERV	/ICES FOR MIN - NO SOC -	IUIAL		***		an.
12 105						NTHLY AVERA	
13,187 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,694	43,659 \$	3,200,863.96	\$ 73.32	3.311		\$ 242.73
@PHYSICIANS SERVICES	955	2,724 \$	119,979.40	\$ 44.05	.207		
OUTPATIENT VISITS	193	237	11,080.50	46.75	.018	57.41	.84
OFFICE VISITS	125	142	6,102.74	42.98	.011	48.82	.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	40	44	2,460.19	55.91	.003	61.50	.19
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.00
OB VISITS/COMPRE PERI	12	33	1,812.31	54.92	.003	151.03	.14
OTHER OUTPATIENT	17	17	639.48	37.62	.001	37.62	.05
INPATIENT VISITS	84	439	25,315.16	57.67	.033	301.37	1.92
HOSPITAL VISITS	78	339	13,861.16	40.89	.026	177.71	1.05
CRITICAL CARE	10	100	11,454.00	114.54	.008	1145.40	.87
	0	0					
SNF/ICF/TRANS IP CARE	_		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	83.59	41.80	.000	41.80	.01
EXAMINATIONS	2	2	83.59	41.80	.000	41.80	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	67	313	31,208.27	99.71	.024	465.80	2.37
PRINCIPAL SURGEON	53	88	26,415.93	300.18	.007	498.41	2.00
ASSISTANT SURGEON	6	6	854.13	142.36	.000	142.36	.06
ANESTHESIOLOGIST	15	219	3,938.21	17.98	.017	262.55	.30
OUTPATIENT SURGERY	67	197	15,009.01	76.19	.015	224.02	1.14
PRINCIPAL SURGEON	55	80	12,230.25	152.88	.006	222.37	.93
ASSISTANT SURGEON	1	1	93.08	93.08	.000	93.08	.01
ANESTHESIOLOGIST	20	116	2,685.68	23.15	.009	134.28	.20
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	111	203	7,629.29	37.58	.015	68.73	.58
RADIOLOGY	486	722	17,515.12	24.26	.055	36.04	1.33
PSYCHIATRY	4	4	293.16	73.29	.000	73.29	.02
IMMUNIZATION AND INJECTION	4	13	215.87	16.61	.001	53.97	.02
OTHER SERVICES/ALL X-OVERS	194	594	11,629.43	19.58	.045	59.95	.88
@PHARMACY	3,820	18,697 \$	728,425.40	\$ 38.96	1.418		
PRESCRIPTION DRUGS	3,793	10,057	632,914.00	62.93	.763	166.86	48.00
SNF/ICF	35	210	11,464.86	54.59	.016	327.57	.87
OUTPATIENTS	3,759	9,847	621,449.14	63.11	.747	165.32	47.13
MEDICAL SUPPLIES	58	8,640	95,511.40	11.05	.655	1646.75	7.24
@DENTIST	90	442 \$	22,057.00	\$ 49.90	.034		
VISITS - DIAGNOSTIC	63	191	3,575.00	18.72	.014	56.75	.27
ORAL SURGERY	21	68	6,017.75	88.50	.005	286.56	.46
DRUGS	5	6	150.00	25.00	.000	30.00	.01
ANESTHESIA	11	11	1,000.00	90.91	.001	90.91	.08
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.02
ENDODONTICS	8	18	2,244.00	124.67	.001	280.50	.17
RESTORATIVE DENTISTRY	25	134	6,354.25	47.42	.010	254.17	.48
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	5	1,940.00	388.00	.000	646.67	.15
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.01
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	U	U	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	5	5		315.00		63.00	.000	63.00		.02
ALL OTHER SERVICES	3	2		150.00		75.00	.000	50.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU DE	C 2003	P	PAGE 10,030
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	- TOTAL						
							MON	THLY AVERA	GE	
13,187 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	321	934	\$	21,881.58	\$	23.43	.071 \$	68.17	\$	1.66
DIAGNOSTIC AND ANC. PROCED	220	227		9,794.48		43.15	.017	44.52		.74
EYE APPLIANCES	232	662		11,391.84		17.21	.050	49.10		.86
OTHER OPTOMETRIC SERVICES	28	45		695.26		15.45	.003	24.83		.05
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000 \$	16.72	\$	.00
VISITS	1	1		16.72		16.72	.000	16.72		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	4	7	\$	405.72	\$	57.96	.001 \$	101.43	\$	.03

N	MEDICINE/INJECTIONS	1	1		57.20		57.20	.000		57.20		.00
5	SURGERY/ANES.	1	1		92.63		92.63	.000		92.63		.01
F	RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
	THER	2	3		221.29		73.76	.000		110.65		.02
	OME HEALTH AGENCY	12	56	Ċ	3,633.42	\$	64.88		\$	302.79	\$	.28
	RSE ANESTHESIST	0	0	٠ ب	.00		.00			.00	\$	.00
		1	3	\$		\$			\$			
	JRSE MIDWIFE	=		Ş	25.23	\$	8.41		\$	25.23	\$	.00
	DIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00		\$	.00	\$	.00
FI	MILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@T(	TAL HOSPITAL	1,790	8,506	\$	1,273,745.81	\$	149.75	.645	\$	711.59	\$	96.59
F	OSP INPATIENT TOTAL	114	624		1,030,718.78		1651.79	.047		9041.39		78.16
	HSC HOSPITALS	19	106		155,390.00		1465.94	.008		8178.42		11.78
	NON-HSC HOSPITAL TOTAL	90	460		866,228.78		1883.11	.035		9624.76		65.69
	ACCOMMODATIONS	89	460		340,442.03		740.09	.035		3825.19		25.82
	ADMINISTRATIVE DAYS	1	13		3,006.90		231.30	.001		3006.90		.23
		0	0		•							
	TRANSITIONAL IP CARE				.00		.00	.000		.00		.00
	ALL OTHER ACCOM	89	447		337,435.13		754.89	.034		3791.41		25.59
	ANCILLARIES	89	0		525,786.75		.00	.000		5907.72		39.87
	INPATIENT CROSSOVERS	11	58		9,100.00		156.90	.004		827.27		.69
	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
F	OSP OUTPATIENT TOTAL	1,733	7,882		243,027.03		30.83	.598		140.23		18.43
	MEDICAL	899	1,298		62,610.57		48.24	.098		69.64		4.75
	SURGERY	140	175		19,404.11		110.88	.013		138.60		1.47
	PATHOLOGY	677	2,418		26,140.84		10.81	.183		38.61		1.98
		475	728		53,432.83		73.40	.055		112.49		4.05
	RADIOLOGY				•							
	ROOM USE	966	1,320		51,541.07		39.05	.100		53.36		3.91
	CROSSOVERS/ALL OTH OUTPTNT		1,943		29,897.61		15.39	.147		40.79		2.27
	OUNTY HOSPITAL TOTAL	3	23	\$	576.64	\$	25.07	.002	\$	192.21	\$	.04
	O HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	TRANSITIONAL IP CARE	0	0 0		.00		.00	.000		.00		.00
	ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
		0	0		.00					.00		
	ANCILLARIES		0				.00	.000				.00
	INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	O HOSP OUTPATIENT TOTAL	3	23		576.64		25.07	.002		192.21		.04
	MEDICAL	1	1		7.82		7.82	.000		7.82		.00
	SURGERY	1 2	2		57.32		28.66	.000		57.32		.00
	PATHOLOGY	2	10		164.78		16.48	.001		82.39		.01
	RADIOLOGY	0	0		.00		.00	.000		.00		.00
	ROOM USE	2	4		246.39		61.60	.000		123.20		.02
	CROSSOVERS/ALL OTH OUTPTNT		6		100.33		16.72	.000		33.44		.01
#07	ALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	EC MC		EDOD.			שר		D.	AGE 10,031
				ES MC	MIH-OF-PAIMENT R	.EPUR	I FOR JAN	2003 IRKU L	したし	2003	P	
	)P024	FEE-FOR-SERVICE		202	T0T1							01/29/04
PI	JUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	- TOTAL							
								MC				
	13,187 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3 (			COST PER
			OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@CC	MMUNITY HOSPITAL TOTAL	1,787	8,483	\$	1,273,169.17	\$	150.08	.643	\$	712.46	\$	96.55
	COMM HOSP INPATIENT TOTAL	114	624		1,030,718.78		1651.79	.047		9041.39		78.16

HSC HOSPITALS 155,390.00 1465.94 106 .008 8178.42 11.78 19 NON-HSC HOSPITALS TOTAL 90 460 866,228.78 1883.11 .035 9624.76 65.69 340,442.03 89 460 740.09 .035 3825.19 25.82 ACCOMMODATIONS 3,006.90 ADMINISTRATIVE DAYS 1 13 231.30 .001 3006.90 .23 .00 .00 337,435.13 .00 3791.41 TRANSITIONAL IP CARE 0 0 .00 .000 ALL OTHER ACCOM 89 447 754.89 .034 ANCILLARIES 89 0 525,786.75 .00 .000 5907.72 39.87

INPATIENT CROSSOVERS	11	58		9,100.00		156.90	.004		827.27		.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,730	7,859		242,450.39		30.85	.596		140.14		18.39
MEDICAL	898	1,297		62,602.75		48.27	.098		69.71		4.75
SURGERY	139	173		19,346.79		111.83	.013		139.19		1.47
PATHOLOGY	675	2,408		25,976.06		10.79	.183		38.48		1.97
RADIOLOGY	475	728		53,432.83		73.40	.055		112.49		4.05
ROOM USE	964	1,316		51,294.68		38.98	.100		53.21		3.89
CROSSOVERS/ALL OTH OUTPTNT		1,937		29,797.28		15.38	.147		40.82		2.26
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	·	.00	•	.00	.000	•	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	37	872	\$	136,324.14	\$	156.34	.066	\$	3684.44	\$	10.34
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	37	872		136,324.14		156.34	.066		3684.44		10.34
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	5	\$	1,795.83	\$	359.17	.000	\$	598.61	\$	.14
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	5		1,795.83		359.17	.000		598.61		.14
@REHABILITATION FACILITY	6	117	\$	3,614.38	\$			\$	602.40	\$	. 27
HOSPITAL BASED	6	117		3,614.38		30.89	.009		602.40		. 27
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	243	500	\$	9,328.02	\$		.038	\$	38.39	\$	.71
PATHOLOGY	242	499		9,267.77		18.57	.038		38.30		.70
XO AND OTHERS	1	1	4.	60.25	4.	60.25	.000	4.	60.25	4.	.00
@ORGANIZED OUTPATIENT CLINIC	3,181	5,126	\$	760,713.10	Ş	148.40	.389	Ş	239.14	\$	57.69
CLINIC	34	105		6,136.46		58.44	.008		180.48		. 47
SURGICENTER	3	9		328.77		36.53	.001		109.59		.02
HEROIN DETOX CLINIC	0	U 5 010		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,153	5,012	DEG M	754,247.87		150.49	.380	DE 0	239.22	ъ.	57.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	ONTH-OF-PAYMENT RE	EPOR.	FOR JAN 2	2003 THRU	DEC	2003	PF	AGE 10,032
MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE/DEN		0 000	TOTAT							01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MIN - IN	U SUC	- IUIAL			M	יידא	ינודע אוופריא	CE	
10 100			_						TLI AVERA	.GE -	

							0_
13,187 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	800	5,669	\$ 118,918.21	\$ 20.98	.430	\$ 148.65	\$ 9.02
DURABLE MED. EQUIP.	18	96	20,535.67	213.91	.007	1140.87	1.56
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	99.19	49.60	.000	99.19	.01
MEDICAL TRANSPORTATION	71	3,011	60,978.08	20.25	.228	858.85	4.62
AMBULANCES/AIR TRANS	63	1,885	29,413.54	15.60	.143	466.88	2.23
OTHER TRANS	2	1,047	1,573.24	1.50	.079	786.62	.12
OTHER SERVICES	20	79	29,991.30	379.64	.006	1499.57	2.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	24	24	2,520.00	105.00	.002	105.00	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	216	458	4,633.41	10.12	.035	21.45	.35
PHYSICAL THERAPIST	26	123	2,061.19	16.76	.009	79.28	.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	15	1,727.67	115.18	.001	431.92	.13

PROSTHETICS	3	10	1,065.76	106.58	.001	355.25	.08
ORTHOTICS	1	5	661.91	132.38	.000	661.91	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	199.18	49.80	.000	99.59	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	407	1,740	21,068.25	12.11	.132	51.76	1.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	196	5,095.57	26.00	.015	108.42	.39
@CALIF. CHILDREN SERVICES*	46	566	\$ 190,641.84	\$ 336.82	.043	\$ 4144.39	\$ 14.46
@XOVER EXCLUDING STATE HOSP**	233	6,514	\$ 30,108.54	\$ 4.62	.494	\$ 129.22	\$ 2.28

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 10,033

01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR MN - SOC - A	AGED	AID CODE 17			
					MON	THLY AVERAC	BE
42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	40	515 \$	38,795.69	\$ 75.33	12.262 \$		\$ 923.71
@PHYSICIANS SERVICES	2	2 \$	22.74	\$ 11.37	.048 \$	11.37	\$ .54
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	22.74	11.37	.048	11.37	.54
@PHARMACY	19	86 \$	4,230.41	\$ 49.19	2.048 \$	222.65	\$ 100.72
PRESCRIPTION DRUGS	19	86	4,230.41	49.19	2.048	222.65	100.72
SNF/ICF	9	63	2,508.16	39.81	1.500	278.68	59.72
OUTPATIENTS	10	23	1,722.25	74.88	.548	172.23	41.01
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1 \$	25.00	\$ 25.00	.024 \$	25.00	\$ .60
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	1	25.00	25.00	.024	25.00	.60	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 10,034	
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/29/04	
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MN - SOC - A	GED	AID CODE 17	1Y			
					MONT	THLY AVERAC	GE	
42 ELIGIBLES	USERS UNIT	IS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
C GILLE ODD 7 GEOD	0	A 4	0.0	A 00	000 4	0.0	<b>d</b> 00	

42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	.47	\$ .47	.024 \$	.47	\$ .01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	.47	.47	.024	.47	.01
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	7	34 \$	494.05	\$ 14.53	.810 \$	70.58	\$ 11.76
HOSP INPATIENT TOTAL	1	8	123.00	15.38	.190	123.00	2.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	8	123.00	15.38	.190	123.00	2.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	26	371.05	14.27	.619	61.84	8.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	6	26	371.05	14.27	.619	61.84	8.83
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 2	2003 THRU DE	C 2003	PAGE 10,035
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR MN - SOC -	- AGED	AID CODE 17	1Y		
					MON	THLY AVERAG	E
42 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE	,		חשם	י זואודיי / האע	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	34	\$	494.05	\$	14.53	.810		70.58	\$	11.76
COMM HOSP INPATIENT TOTAL	1	8	Ų	123.00	Y	15.38	.190	Ÿ	123.00	Ÿ	2.93
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
ACCOMMODATIONS	0	0				.00	.000				
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	8		123.00		15.38	.190		123.00		2.93
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	26		371.05		14.27	.619		61.84		8.83
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	26		371.05		14.27	.619		61.84		8.83
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	9	236	\$	28,681.80	\$	121.53	5.619	\$	3186.87	\$	682.90
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ő	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	9	236		28,681.80		121.53	5.619		3186.87		682.90
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICF DDH ICF DD	0	0		.00			.000		.00		.00
	0	•				.00					
ICF DDN/DDCN	0	0	4	.00	4	.00	.000	4	.00	4	.00
@HEMODIALYSIS TOTAL	0		\$	515.00	\$	515.00	.024	\$	515.00	\$	12.26
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	Ţ	Ţ	4.	515.00	4.	515.00	.024		515.00	4.	12.26
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	13	\$	438.94	\$	33.76	.310	\$	87.79	\$	10.45
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	13		438.94		33.76	.310		87.79		10.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 10,036
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLUMAS COUNTY		ICES FOR MN - SC	OC -	AGED	AI	D CODE 17	1Y				
			_	_			M	ONT	HLY AVERA	GE	
42 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	7		\$	4,387.28					626.75		
DURABLE MED. EQUIP.	í	1	4	36.00	~	36.00	.024	~	36.00	~	.86
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	140		4,351.28		31.08	3.333		725.21		103.60
	0	0									.00
AMBULANCES/AIR TRANS	0 4			.00		.00	.000		.00 120.19		
OTHER TRANS	4	52		480.77		9.25	1.238		120.19		11.45

OTHER SERVICES	2	88	3,870.51	43.98	2.095	1935.26	92.16
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	16	118	\$ 11,307.77	\$ 95.83	2.810	\$ 706.74	\$ 269.23

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OM!!!!!

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,037
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2 65.18 130.35 \$ 65.18 130.35 \$ 1.000 \$ @PHYSICIANS SERVICES Ω .00 .00 .000 \$ .00 \$ 0 \$ .00 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 0 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .000 .00 .00 .00 .000 HOSPITAL VISITS .00 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 DIALYSIS .00 .00 .000 .00 .00 0 PATHOLOGY 0 .00 .00 .000 .00 .00 .00 .00 RADIOLOGY .000 .00 0 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	ž \$	130.35	\$ 65.18	1.000 \$	130.35	
PRESCRIPTION DRUGS	1	2	130.35	65.18	1.000	130.35	65.18
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	130.35	65.18	1.000	130.35	65.18
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 10,038
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R MN - SOC - BL.	LND	AID CODE			~=
00 81 10181 80	HGDDG IDITEG	OF GERMAN		ALTERACE COCE	-	THLY AVERA	-
02 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
@OPTOMETRIST	OR DA	YS OF CARE	0.0	PER UNIT/DAY \$ .00	PER ELIG .000 \$	USER	ELIGIBLE \$ .00
DIAGNOSTIC AND ANC. PROCED	0	0 \$ 0	.00	\$ .00 .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	U	U	.00	.00	.000	.00	.00

					MON:	THLY AVERAGE	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0 \$	.00	.00	.000 \$	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 10,039
MOP024	FEE-FOR-SERVICE/						01/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC - BI	LIND	AID CODE			
					MON'		
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCTLLARTES	0	0	0.0	0.0	000	0.0	0.0

		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00

HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	-PAYMENT REI	PORT F	OR JAN 2003	THRU DE	C 2003	PAG	GE 10,040
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R MN - SOC	- BLIND		A	ID CODE 27				

						110111		ш
02 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
@* TOTALS IN THESE LINES ARE CIV	TN AC A CTDARA	TE THEORMATION TO	TEM ONT.V	•				

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,041
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

I HOME COONII	DOMINITIES OF DELIC	VICED IOIC PIN DOC		CODED 03 07 0N	0 1			
					MOI	NTHLY AVERA	AGE	
81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	109	1,014	\$ 95,781.79	\$ 94.46	12.519	878.73	\$	1182.49
@PHYSICIANS SERVICES	23	127	\$ 9,766.73	\$ 76.90	1.568	\$ 424.64	\$	120.58
OUTPATIENT VISITS	4	6	251.50	41.92	.074	62.88		3.10
OFFICE VISITS	4	6	251.50	41.92	.074	62.88		3.10
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	7	16	769.18	48.07	.198	109.88		9.50
HOSPITAL VISITS	7	16	769.18	48.07	.198	109.88		9.50
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	30	4,955.80	165.19	.370	991.16		61.18
PRINCIPAL SURGEON	4	7	3,931.49	561.64	.086	982.87		48.54

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1		374.53		374.53	.012		374.53		4.62
ANESTHESIOLOGIST	2	22		649.78		29.54	.272		324.89		8.02
	4										
OUTPATIENT SURGERY	1	3		387.94		129.31	.037		387.94		4.79
PRINCIPAL SURGEON	1	3		387.94		129.31	.037		387.94		4.79
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0										
ANESTHESIOLOGIST		0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	8		393.01		49.13	.099		393.01		4.85
RADIOLOGY	11	24		486.52		20.27	.296		44.23		6.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	13	40		2,522.78		63.07	.494		194.06		31.15
	72	235	\$	39,528.92	بي	168.21	2.901	بن	549.01	بي	488.01
@PHARMACY			Ą		\$			Þ		Ą	
PRESCRIPTION DRUGS	71	233		39,463.02		169.37	2.877		555.82		487.20
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	71	233		39,463.02		169.37	2.877		555.82		487.20
	1										
MEDICAL SUPPLIES		2		65.90		32.95	.025		65.90		.81
@DENTIST	1	3	\$	50.00	\$	16.67	.037	\$	50.00	\$	.62
VISITS - DIAGNOSTIC	1	2		50.00		25.00	.025		50.00		.62
ORAL SURGERY	1	1		.00		.00	.012		.00		.00
	1										
DRUGS	Ü	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	Ω	0		.00		.00	.000		.00		.00
· · · · · · · · · · · · · · · · · · ·	0	0		.00		.00	.000		.00		
SPACE MAINTAINERS	U										.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Λ	Λ		.00		.00	.000		.00		.00
TIGICIONED, DIDECCITIONE	U	U		.00		.00	. 0 0 0		.00		. 0 0
	0	0									
ORTHODONTIC SERVICES	•	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVI	0 CES AND EXPENDITURE	ES M	.00	EPORT	.00	.000	DEC	.00	ΡŽ	.00 .00 AGE 10,042
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 MEDI-CAL SERVI	0 CES AND EXPENDITURE	ES M	.00	EPORT	.00	.000	DEC	.00	ΡŻ	.00 .00 AGE 10,042
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVION FEE-FOR-SERVION	0 CES AND EXPENDITURE E/DENTAL		.00 .00 MONTH-OF-PAYMENT RI		.00 .00 FOR JAN	.000 .000 2003 THRU	DEC	.00	Ρž	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVION FEE-FOR-SERVION	0 CES AND EXPENDITURE		.00 .00 MONTH-OF-PAYMENT RI		.00	.000 .000 2003 THRU		.00		.00 .00 AGE 10,042
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC		.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (	CODES	.00 .00 FOR JAN	.000 .000 2003 THRU	TNOI	.00 .00 2 2003	.GE -	.00 .00 AGE 10,042 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVION FEE-FOR-SERVION	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE		.00 .00 MONTH-OF-PAYMENT RI	CODES AVE	.00 .00 FOR JAN 6 65 67 6W	.000 .000 2003 THRU 6Y M UNITS/DAY	IONT S	.00 .00 2003 THLY AVERA	.GE -	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC		.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (	CODES AVE	.00 .00 FOR JAN 6 65 67 6W	.000 .000 2003 THRU	IONT S	.00 .00 2 2003	.GE -	.00 .00 AGE 10,042 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	C -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES	CODES AVE PEF	.00 .00 FOR JAN 665 67 6W CRAGE COST	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG	IONT S	.00 .00 2003 THLY AVERA COST PER USER	.GE - (	.00 .00 AGE 10,042 01/29/04  COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 6	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 20		.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79	CODES AVE	.00 .00 FOR JAN G 65 67 6W GRAGE COST R UNIT/DAY 16.89	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247	IONT S	.00 .00 2003 PHLY AVERA COST PER USER 56.30	.GE - (	.00 .00 AGE 10,042 01/29/04  COST PER ELIGIBLE 4.17
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0	C -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00	CODES AVE PEF	.00 .00 FOR JAN G 65 67 6W CRAGE COST R UNIT/DAY 16.89 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000	IONT S	.00 .00 2003 THLY AVERA COST PER USER 56.30 .00	.GE - (	.00 .00 AGE 10,042 01/29/04  COST PER ELIGIBLE 4.17 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 6	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 20	C -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79	CODES AVE PEF	.00 .00 F FOR JAN G 65 67 6W CRAGE COST UNIT/DAY 16.89 .00 15.98	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247	IONT S	.00 .00 2003 PHLY AVERA COST PER USER 56.30 .00 55.93	.GE - (	.00 .00 AGE 10,042 01/29/04  COST PER ELIGIBLE 4.17
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 6	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14	C -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00	CODES AVE PEF	.00 .00 FOR JAN G 65 67 6W CRAGE COST R UNIT/DAY 16.89 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000	IONT S	.00 .00 2003 PHLY AVERA COST PER USER 56.30 .00 55.93	.GE - (	.00 .00 AGE 10,042 01/29/04  COST PER ELIGIBLE 4.17 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 6	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6	C -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 223.72 114.07	AVE PEF \$	.00 .00 F FOR JAN G 65 67 6W CRAGE COST C UNIT/DAY 16.89 .00 15.98 19.01	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074	IONT S \$	.00 .00 2003 PHLY AVERA COST PER USER 56.30 .00 55.93 38.02	GE - ( I \$	.00 .00 AGE 10,042 01/29/04  COST PER ELIGIBLE 4.17 .00 2.76 1.41
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 6	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0	C -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 223.72 114.07 .00	CODES AVE PEF	.00 .00 F FOR JAN G 65 67 6W CRAGE COST 2 UNIT/DAY 16.89 .00 15.98 19.01	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074	IONT S \$	.00 .00 2 2003 PHLY AVERA COST PER USER 56.30 .00 55.93 38.02	.GE - (	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 6	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0	C -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 223.72 114.07 .00 .00	AVE PEF \$	.00 .00 FOR JAN G 65 67 6W CRAGE COST UNIT/DAY 16.89 .00 15.98 19.01 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000	IONT S \$	.00 .00 2 2003 PHLY AVERA COST PER USER 56.30 .00 55.93 38.02 .00	GE - ( I \$	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 6	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0	C -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 223.72 114.07 .00	AVE PEF \$	.00 .00 F FOR JAN G 65 67 6W CRAGE COST 2 UNIT/DAY 16.89 .00 15.98 19.01	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074	IONT S \$	.00 .00 2 2003 PHLY AVERA COST PER USER 56.30 .00 55.93 38.02	GE - ( I \$	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 6	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitititit{\sintitita}\sintitta}\sintititititititititita}\sintititititititititititititititit	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 223.72 114.07 .00 .00	AVE PEF \$	.00 .00 FOR JAN G 65 67 6W CRAGE COST UNIT/DAY 16.89 .00 15.98 19.01 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000	IONT S \$ \$	.00 .00 2 2003 PHLY AVERA COST PER USER 56.30 .00 55.93 38.02 .00 .00	GE - ( ; \$	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 6	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0	C -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 223.72 114.07 .00 .00	AVE PEF \$	.00 .00 FOR JAN G 65 67 6W GRAGE COST UNIT/DAY 16.89 .00 15.98 19.01 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000	IONT S \$ \$	.00 .00 2003 PHLY AVERA COST PER USER 56.30 .00 55.93 38.02 .00 .00	GE - ( I \$	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  6 0 4 3 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitititit{\sintitita}\sintitta}\sintititititititititita}\sintititititititititititititititit	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 223.72 114.07 .00 .00 .00	AVE PEF \$	.00 .00 F FOR JAN S 65 67 6W GRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000	IONT S \$ \$	.00 .00 2003 PHLY AVERA COST PER USER 56.30 .00 55.93 38.02 .00 .00 .00	GE - ( ; \$	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  6 0 4 3 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitititit{\sintitita}\sintitta}\sintititititititititita}\sintititititititititititititititit	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00	AVE PEF \$	.00 .00 F FOR JAN G 65 67 6W CRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000	IONT S \$ \$	.00 .00 2003 PHLY AVERA COST PER USER 56.30 .00 55.93 38.02 .00 .00 .00	GE - ( ; \$	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  6 0 4 3 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitititit{\sintitita}\sintitta}\sintititititititititita}\sintititititititititititititititit	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00	AVE PEF \$	.00 .00 F FOR JAN S 65 67 6W GRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000	IONT S \$ \$	.00 .00 2003 PHLY AVERA COST PER USER 56.30 .00 55.93 38.02 .00 .00 .00	GE - ( ; \$	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE  USERS  6 0 4 3 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitititit{\sintitita}\sintitta}\sintititititititititita}\sintititititititititititititititit	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00	AVE PEF \$	.00 .00 F FOR JAN G 65 67 6W CRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000	IONT S \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - ( ; \$	.00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  6 0 4 3 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitititit{\sintitita}\sintitta}\sintititititititititita}\sintititititititititititititititit	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00	AVE PEF \$	.00 .00 FOR JAN G 65 67 6W GRAGE COST & UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000	IONT S ; \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  6 0 4 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitititit{\sintitita}\sintitta}\sintititititititititita}\sintititititititititititititititit	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00	AVE PEF \$	.00 .00 F FOR JAN G 65 67 6W GRAGE COST & UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000	IONT S \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - () I	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  6 0 4 3 0 0 0 0 0 0 0 0 1	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 0 0 17	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00 .00	CODES  AVE PEF \$ \$	.00 .00 FOR JAN G 65 67 6W CRAGE COST 2 UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000	IONT	.00 .00 .2003 PHLY AVERA COST PER USER 56.30 .00 .55.93 38.02 .00 .00 .00 .00	GE - ( )   1   5   5   5   5   5   5   5   5   5	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  6 0 4 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00	AVE PEF \$	.00 .00 F FOR JAN G 65 67 6W GRAGE COST & UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000	IONT S \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - () I	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST    DIAGNOSTIC AND ANC. PROCED    EYE APPLIANCES    OTHER OPTOMETRIC SERVICES @CHIROPRACTOR    VISITS    OTHER SERVICES @PODIATRIST    MEDICINE/INJECTIONS    SURGERY/ANES.    RADIO./PATHOLOGY    OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  6 0 4 3 0 0 0 0 0 0 0 1 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 17 0 17	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$	.00 .00 FOR JAN G 65 67 6W CRAGE COST 2 UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000 .000	ONTS;	.00 .00 .2003 PHLY AVERA COST PER USER 56.30 .00 .00 .00 .00 .00 .00 .00	GE - (1 1 5 \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  6 0 4 3 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 17 0 0 17	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 223.72 114.07 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$ \$ \$	.00 .00 .00 F FOR JAN S 65 67 6W GRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000 .000	IONT	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (1	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE  0 0 4 3 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 17 0 0 0 0 0 0 0 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$	.00 .00 .00 F FOR JAN S 65 67 6W CRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOCULITIES OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$ \$ \$	.00 .00 .00 F FOR JAN S 65 67 6W CRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000 .000	ONTS;	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .55.93 .38.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (1	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE  0 0 4 3 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 17 0 0 0 0 0 0 0 0 0 0 0 0	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$ \$ \$	.00 .00 .00 F FOR JAN S 65 67 6W CRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER  USERS  6 0 4 3 0 0 0 0 0 0 0 1 0 0 22 5	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 17 0 0 211 25	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID ( EXPENDITURES 337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$ \$ \$	.00 .00 .00 F FOR JAN S 65 67 6W CRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 .00 .2003 PHLY AVERA COST PER USER 56.30 .00 .55.93 38.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ETOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER  USERS  6 0 4 3 0 0 0 0 0 0 0 0 1 0 0 222 5 2	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 66 0 0 0 0 0 0 17 0 0 211 25 10	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RIDISABLED AID (CONTINUES) EXPENDITURES  337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$ \$ \$	.00 .00 .00 F FOR JAN S 65 67 6W GRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ETMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER  USERS  6 0 4 3 0 0 0 0 0 0 0 1 0 0 0 22 5 2	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 6 0 0 0 0 0 0 17 0 0 0 211 25 10 3	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}}} \end{\sqrt{\sintitta}}}}}} \end{\sqrt{\sintitta}\sintitta}\sintitex{\sintitta}\sintitta}\sintitita\sintitita}\sintitta}\sintitita\sintititit{\sintititita}\sintitta}\sintititita\sintititit{\sintitit{\sintitita}}}}}}}} \end{\sqititita\sintititita}\sin	.00 .00 MONTH-OF-PAYMENT RIDISABLED AID (CONTINUES) EXPENDITURES  337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$ \$ \$	.00 .00 .00 F FOR JAN S 65 67 6W GRAGE COST & UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 .00 .2003 PHLY AVERA COST PER USER 56.30 .00 .55.93 38.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 .00 .00 AGE 10,042 01/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ETOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER  USERS  6 0 4 3 0 0 0 0 0 0 0 0 1 0 0 222 5 2	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 20 0 14 66 0 0 0 0 0 0 17 0 0 211 25 10	() - \sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitex{\sintitex{\sintitta}}}}}}} \simptimes\sqnt{\sintitex{\sintitta}\sintitex{\sintitta}\sintitta}}}}}} \sintimes\sintitita\sintitita}\sintitita\sintititit{\sintititit{\sintiin}}}}}}} \simptimes\sintitititititit{\sintititit{\sintititit{\sintiin}}}}}} \simptimes\sintititititititititititititititititit	.00 .00 MONTH-OF-PAYMENT RIDISABLED AID (CONTINUES) EXPENDITURES  337.79 .00 .223.72 114.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$ \$ \$	.00 .00 .00 F FOR JAN S 65 67 6W GRAGE COST R UNIT/DAY 16.89 .00 15.98 19.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 6Y M UNITS/DAY PER ELIG .247 .000 .173 .074 .000 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G	.00 .00 .00 AGE 10,042 01/29/04 

TO ANCITTONAL TO CARE	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	2 2	3	1,671.21	557.07	.037	835.61	20.63
ANCILLARIES	2	0	7,162.09	.00 99.83	.000	3581.05	88.42
INPATIENT CROSSOVERS	2	12				599.00	14.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20	186	5,265.30	28.31	2.296	263.27	65.00
MEDICAL	8	17	716.60	42 15	.210	89.58	8.85
SURGERY	2	2	476.06	42.15 238.03	.025	238.03	5.88
PATHOLOGY	10	51			.630	50.64	6.25
	7	13	1 552 22	9.93 119.49			
RADIOLOGY			1,553.33	119.49	.160	221.90	19.18
ROOM USE	7	15	635.39	42.36 15.65	.185	90.77	7.84
CROSSOVERS/ALL OTH OUTPTNT		88	1,377.55	15.65	1.086	114.80	17.01
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0 0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0 0					.00
TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0			.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	-						
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	ES AND EXPENDITURES MO					PAGE 10,043
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO DENTAL	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DI		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 10,043 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MO /DENTAL   CES FOR MN - SOC - I	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DI 6Y MON	EC 2003 NTHLY AVERA	PAGE 10,043 01/29/04 AGE
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MODENTAL ICES FOR MN - SOC - I UNITS OF SERVICE	ONTH-OF-PAYMENT RI	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST	2003 THRU DE 6Y MOE UNITS/DAYS	EC 2003 NTHLY AVERA COST PER	PAGE 10,043 01/29/04 AGE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY 81 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	ES AND EXPENDITURES MODENTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES	EPORT FOR JAN : CODES 65 67 6W  AVERAGE COST PER UNIT/DAY	6Y MON UNITS/DAYS PER ELIG	EC 2003 VTHLY AVERA COST PER USER	PAGE 10,043 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RIDISABLED AID ( EXPENDITURES 27,576.59	EPORT FOR JAN : CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69	6Y MON UNITS/DAYS PER ELIG 2.605	EC 2003  VTHLY AVERA  COST PER  USER  1253.48	PAGE 10,043 01/29/04 AGE COST PER ELIGIBLE \$ 340.45
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RIDISABLED AID ( EXPENDITURES 27,576.59	EPORT FOR JAN : CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69	6Y MON UNITS/DAYS PER ELIG 2.605	THLY AVERA COST PER USER 1253.48 4462.26	PAGE 10,043 01/29/04 AGE COST PER ELIGIBLE \$ 340.45 275.45
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123	EC 2003 NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123	THLY AVERA COST PER USER 1253.48 4462.26 6140.00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123	THLY AVERA COST PER USER 1253.48 4462.26 6140.00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .037	EC 2003 NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	DNTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00	EPORT FOR JAN : CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .037	NTHLY AVERA COST PER USER \$ 1253.48 4462.26 6140.00 4416.65 835.61 .00	PAGE 10,043 01/29/04 GE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	DNTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00	EPORT FOR JAN : CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .037 .000 .000	NTHLY AVERA COST PER USER \$ 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	DNTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00	EPORT FOR JAN : CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .037 .000 .000 .037	THLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61	PAGE 10,043 01/29/04 GE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	DNTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00	EPORT FOR JAN : CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00	6Y MON UNITS/DAYS PER ELIG 2.605 309 .123 .037 .037 .000 .000 .037	THLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05	PAGE 10,043 01/29/04 GE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99	EPORT FOR JAN 2 CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .037 .000 .000 .037	NTHLY AVERA COST PER USER \$ 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 .835.61 3581.05 599.00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE  USERS  22 5 2 2 0 0 0 2 2 2 2 0	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I  UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 3 0 0 12 0	DNTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00	EPORT FOR JAN 2 CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00	6Y MON UNITS/DAYS PER ELIG 2.605 S 3.09 .123 .037 .037 .000 .000 .037 .000 .148 .000	NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 .50 .00 .00 .00 .00 .00 .00	PAGE 10,043 01/29/04 GE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I  UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99	EPORT FOR JAN 2 CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .037 .000 .000 .037	NTHLY AVERA COST PER USER \$ 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 .835.61 3581.05 599.00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE  USERS  22 5 2 2 0 0 0 2 2 2 2 0	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I  UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 3 0 0 12 0	DNTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00	EPORT FOR JAN 2 CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00	6Y MON UNITS/DAYS PER ELIG 2.605 S 3.09 .123 .037 .037 .000 .000 .037 .000 .148 .000	NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 .50 .00 .00 .00 .00 .00 .00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE  USERS  22 5 2 2 2 0 0 2 2 2 2 2 2 8	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00 5,265.30 716.60	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .037 .000 .000 .037 .000 .148 .000 2.296 .210	NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05 599.00 .00 263.27 89.58	PAGE 10,043 01/29/04 GGE
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE  USERS  22 5 2 2 2 0 0 0 2 2 2 2 2 2 2 2 2 2 2	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00 5,265.30 716.60 476.06	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .037 .000 .000 .037 .000 .148 .000 2.296 .210 .025	NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05 599.00 263.27 89.58 238.03	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79 .00 65.00 8.85 5.88
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE  USERS  22 5 2 2 2 0 0 0 2 2 2 2 2 1 0 1 1 1 1 1 1 1	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2 51	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00 5,265.30 716.60 476.06 506.37	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03 9.93	6Y MON UNITS/DAYS PER ELIG 2.605 S 309 .123 .037 .037 .000 .000 .037 .000 .148 .000 2.296 .210 .025 .630	EC 2003  NTHLY AVERA COST PER USER \$ 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05 599.00 .00 263.27 89.58 238.03 50.64	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79 .00 65.00 8.85 5.88 6.25
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE  USERS  22 5 2 2 2 0 0 0 2 2 2 2 1 0 7	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2 51	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00 5,265.30 716.60 476.06 506.37 1,553.33	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03 9.93 119.49	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .007 .000 .000 .037 .000 .148 .000 2.296 .210 .025 .630 .160	EC 2003  NTHLY AVERA COST PER USER \$ 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05 599.00 .00 263.27 89.58 238.03 50.64 221.90	PAGE 10,043 01/29/04 GE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79 .00 65.00 8.85 5.88 6.25 19.18
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE  USERS  22 5 2 2 2 0 0 0 2 2 2 2 1 0 7 7	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2 51 13	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 000 1,671.21 7,162.09 1,197.99 00 5,265.30 716.60 476.06 506.37 1,553.33 635.39	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03 9.93 119.49 42.36	6Y MON UNITS/DAYS PER ELIG 2.605 S 3.09 1.123 .037 .007 .000 .000 .037 .000 .148 .000 2.296 .210 .025 .630 .160 .185	NTHLY AVERA COST PER USER \$ 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 .00 835.61 3581.05 599.00 .00 263.27 89.58 238.03 50.64 221.90 90.77	PAGE 10,043 01/29/04 AGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79 .00 65.00 8.85 5.88 6.25 19.18 7.84
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  22 5 2 2 2 0 0 0 2 2 2 2 1 0 7 7 12	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2 51 13 15 88	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 000 1,671.21 7,162.09 1,197.99 00 5,265.30 716.60 476.06 506.37 1,553.33 635.39 1,377.55	EPORT FOR JAN 2 CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03 9.93 119.49 42.36 15.65	6Y MON UNITS/DAYS PER ELIG 2.605 S .309 .123 .037 .037 .000 .000 .000 .037 .000 .148 .000 2.296 .210 .025 .630 .160 .185 1.086	NTHLY AVERA COST PER USER \$ 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 .835.61 3581.05 599.00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79 .00 65.00 8.85 5.88 6.25 19.18 7.84
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  22 5 2 2 2 0 0 20 8 22 10 7 7 12 0	ES AND EXPENDITURES MODERTAL  ICES FOR MN - SOC - I  UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2 51 13 15 88 0 \$	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 .1,671.21 7,162.09 1,197.99 .00 5,265.30 716.60 476.06 506.37 1,553.33 635.39 1,377.55 .00	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03 9.93 119.49 42.36 15.65 \$ .00	6Y MON UNITS/DAYS PER ELIG 2.605 S 309 .123 .037 .007 .000 .000 .037 .000 .148 .000 2.296 .210 .025 .630 .160 .185 1.086 .000 S	NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05 599.00 .00 263.27 89.58 238.03 50.64 221.90 90.77 114.80	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79 .00 65.00 8.85 5.88 6.25 19.18 7.84 17.01 \$ .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  22 5 2 2 2 0 0 2 2 2 2 1 0 7 7 12 0 0	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I  UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2 51 13 15 88 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00 5,265.30 716.60 476.06 506.37 1,553.33 635.39 1,377.55 .00 .00	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03 9.93 119.49 42.36 15.65 \$ .00 .00	6Y MON UNITS/DAYS PER ELIG 2.605 S 309 .123 .037 .007 .000 .000 .037 .000 .148 .000 2.296 .210 .025 .630 .160 .185 1.086 .000 S	NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05 599.00 .00 263.27 89.58 238.03 50.64 221.90 90.77 114.80 .00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79 .00 65.00 8.85 5.88 6.25 19.18 7.84 17.01 \$ .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  22 5 2 2 0 0 0 2 2 2 2 10 7 7 12 0 0 0 0 0	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I  UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2 51 13 15 88 0 0 0 0 0 0	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00 5,265.30 716.60 476.06 506.37 1,553.33 635.39 1,377.55 .00 .00 .00	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03 9.93 119.49 42.36 15.65 \$ .00	6Y MON UNITS/DAYS PER ELIG 2.605 S 309 .123 .037 .000 .000 .037 .000 .148 .000 2.296 .210 .025 .630 .160 .185 1.086 .000 .000	NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05 599.00 .00 263.27 89.58 238.03 50.64 221.90 90.77 114.80	PAGE 10,043 01/29/04 GGE
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  22 5 2 2 2 0 0 2 2 2 2 1 0 7 7 12 0 0	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I  UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2 51 13 15 88 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00 5,265.30 716.60 476.06 506.37 1,553.33 635.39 1,377.55 .00 .00	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03 9.93 119.49 42.36 15.65 \$ .00 .00	6Y MON UNITS/DAYS PER ELIG 2.605 S 309 .123 .037 .007 .000 .000 .037 .000 .148 .000 2.296 .210 .025 .630 .160 .185 1.086 .000 S	NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05 599.00 .00 263.27 89.58 238.03 50.64 221.90 90.77 114.80 .00 .00	PAGE 10,043 01/29/04 GGE COST PER ELIGIBLE \$ 340.45 275.45 151.60 109.05 20.63 .00 .00 20.63 88.42 14.79 .00 65.00 8.85 5.88 6.25 19.18 7.84 17.01 \$ .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  81 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  22 5 2 2 0 0 0 2 2 2 2 10 7 7 12 0 0 0 0 0	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - I  UNITS OF SERVICE OR DAYS OF CARE 211 \$ 25 10 3 0 0 12 0 186 17 2 51 13 15 88 0 0 0 0 0 0	DISABLED AID (  EXPENDITURES  27,576.59 22,311.29 12,280.00 8,833.30 1,671.21 .00 .00 1,671.21 7,162.09 1,197.99 .00 5,265.30 716.60 476.06 506.37 1,553.33 635.39 1,377.55 .00 .00 .00	EPORT FOR JAN 2  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 130.69 892.45 1228.00 2944.43 557.07 .00 .00 557.07 .00 99.83 .00 28.31 42.15 238.03 9.93 119.49 42.36 15.65 \$ .00 .00	6Y MON UNITS/DAYS PER ELIG 2.605 S 309 .123 .037 .000 .000 .037 .000 .148 .000 2.296 .210 .025 .630 .160 .185 1.086 .000 .000	NTHLY AVERA COST PER USER 1253.48 4462.26 6140.00 4416.65 835.61 .00 .00 835.61 3581.05 599.00 .00 263.27 89.58 238.03 50.64 221.90 90.77 114.80 .00 .00	PAGE 10,043 01/29/04 GGE

ADMINISTRATIVE DAYS

0

0

.00

.00

.000

.00

.00

LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	3	0	5,313.00		.00	.000		1771.00		65.59
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	Ċ	.00	.000		.00	\$	.00
ICF DDH	0	0	.00	Y	.00	.000	Ÿ	.00	Y	.00
ICF DDN	0	0	.00		.00	.000		.00		.00
	0	0				.000				
ICF DDN/DDCN	0		.00	4	.00		ė.	.00	4	.00
@HEMODIALYSIS TOTAL	0		.00	\$	.00		\$	.00	\$	.00
HOSPITAL BASED	U	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	4.	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	Ş	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	16 \$	318.46	\$	19.90	.198	\$	63.69	\$	3.93
PATHOLOGY	5	16	318.46		19.90	.198		63.69		3.93
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	40 \$	5,238.17	\$	130.95	.494	\$	174.61	\$	64.67
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	40	5,238.17		130.95	.494		174.61		64.67
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES		RPORT			DEC		P	AGE 10,044
MOP024	FEE-FOR-SERVICE		TIOIVIII OI IIIIIIIIII I	CDI OICI	i i on omi	2005 111110	D	1005	-	01/29/04
PLUMAS COUNTY		VICES FOR MN - SOC	- DICYDIED XID	CODEC	S 65 67 6W	6V				01/25/04
I HOMAS COONII	BUMMAKI OF BEK	VICES FOR PHV 500	DISABLED AID	CODEL	3 03 07 0W	M	ים דידו	ע אוויים א	CF	
81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	7/17/2	ERAGE COST			DI AVERA OST PER		COST PER
OI FUIGIBLES	USERS	OR DAYS OF CARE	EXPENDITURES		R UNIT/DAY		-	USER		ELIGIBLE
ANT OTHER PROVIDERS	16	345 \$	7,482.20	\$	21.69	4.259		467.64		92.37
@ALL OTHER PROVIDERS		•		Ą			Ą		Ą	
DURABLE MED. EQUIP.	1	1	38.00		38.00	.012		38.00		. 47
BLOOD BANK	U	0	.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	9	326	7,221.11		22.15	4.025		802.35		89.15
AMBULANCES/AIR TRANS	7	284	4,141.60		14.58	3.506		591.66		51.13
OTHER TRANS	1	2	18.54		9.27	.025		18.54		.23
OTHER SERVICES	3	40	3,060.97		76.52	.494		1020.32		37.79
ACUPUNCTURE	0	0	.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00		.00
OPTICIAN	7	18	223.09		12.39	.222		31.87		2.75
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	Ô	.00		.00	.000		.00		.00
PROSTHETICS	0	Õ	.00		.00	.000		.00		.00
ORTHOTICS	0	0	.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000		.00		.00
	0	0								
SPEECH AND AUDIOLOGY	U	0	.00		.00	.000		.00		.00
HOSPICE SERVICES	U	0	.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	Ü	.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	^	O 4	0.0	4	0.0	000	بي			
	Ü	0 \$	.00	Ą	.00	.000	Ð	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0 15	126 \$	8,276.18	\$ \$	65.68	1.556		.00 551.75	\$ \$	.00 102.18

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,045 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

001111111111111111111111111111111111111	, _ 0_0 _ 0 _ 0 _ 0		,	111111111111111111111111111111111111111	011 011 07				
						MON	THLY AVERA	GE	
USERS	UNITS OF	SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS	OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
97		778	\$	113,394.50	\$ 145.75	10.958 \$	1169.02	\$	1597.11
37		201	\$	7,794.45	\$ 38.78	2.831 \$	210.66	\$	109.78
4		4		199.78	49.95	.056	49.95		2.81
1		1		18.48	18.48	.014	18.48		.26
0		0		.00	.00	.000	.00		.00
3		3		181.30	60.43	.042	60.43		2.55
0		0		.00	.00	.000	.00		.00
0		0		.00	.00	.000	.00		.00
	USERS 97 37 4 1 0 3 0 0		OR DAYS OF CAR 97 778	OR DAYS OF CARE 97 778 \$	OR DAYS OF CARE  97	OR DAYS OF CARE  97 778 \$ 113,394.50 \$ 145.75 37 201 \$ 7,794.45 \$ 38.78 4 4 4 199.78 49.95 1 1 1 18.48 18.48 0 0 0 .00 .00 3 3 3 181.30 60.43 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE  97 778 \$ 113,394.50 \$ 145.75 10.958 \$ 37 201 \$ 7,794.45 \$ 38.78 2.831 \$ 4 4 199.78 49.95 .056	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER ELIG         COST PER PER UNIT/DAY           97         778         \$ 113,394.50         \$ 145.75         10.958         \$ 1169.02           37         201         \$ 7,794.45         \$ 38.78         2.831         \$ 210.66           4         4         199.78         49.95         .056         49.95           1         1         18.48         18.48         .014         18.48           0         0         .00         .00         .00         .00           3         3         181.30         60.43         .042         60.43           0         0         .00         .00         .00         .00	USERS UNITS OF SERVICE OR DAYS OF CARE  97 778 \$ 113,394.50 \$ 145.75 10.958 \$ 1169.02 \$ 37 201 \$ 7,794.45 \$ 38.78 2.831 \$ 210.66 \$ 44 4 199.78 49.95 .056 49.95

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	6	19		670.10		35.27	.268		111.68		9.44
HOSPITAL VISITS	6	19		670.10		35.27	.268		111.68		9.44
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	9	91		4,448.97		48.89	1.282		494.33		62.66
PRINCIPAL SURGEON	6	6		3,201.23		533.54	.085		533.54		45.09
ASSISTANT SURGEON	ĺ	1		167.72		167.72	.014		167.72		2.36
ANESTHESIOLOGIST	5	84		1,080.02		12.86	1.183		216.00		15.21
OUTPATIENT SURGERY	7	42		1,025.38		24.41	.592		146.48		14.44
PRINCIPAL SURGEON	5	4		430.23		107.56	.056		86.05		6.06
ASSISTANT SURGEON	1	1		80.42		80.42	.014		80.42		1.13
ANESTHESIOLOGIST	3	37		514.73		13.91	.521		171.58		7.25
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	7		337.99		48.28	.099		67.60		4.76
RADIOLOGY	19	37		1,074.63		29.04	.521		56.56		15.14
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		37.60		37.60	.014		37.60		.53
@PHARMACY	29	92	\$	8,046.77	\$	87.46	1.296	\$	277.47	\$	113.33
PRESCRIPTION DRUGS	29	92		8,046.77		87.46	1.296		277.47		113.33
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	29	92		8,046.77		87.46	1.296		277.47		113.33
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI_CAI GEDVIC		TDEC	MONTH-OF-PAYMENT RI	ים חמים			חבכ		D7(	GE 10,046
MOP024	FEE-FOR-SERVICE		CHAI	MONTH-OF-FAIMENT RI	ii F O R	I POK UAN	2003 IIIKU	טייכ	2003	r A(	01/29/04
PLUMAS COUNTY			SOC -	FAMILIES AID CODE	5R	6R 37					01/2//04
1 201 20 0001111	SSIMME OF BUILT			111111111111111111111111111111111111111	510	J. J.	M	ЮМТ	HLY AVERA	GE -	
71 ELIGIBLES	USERS	UNITS OF SERVIC	TE:	EXPENDITURES	Δ1/7	ERAGE COST	 VAY/DAY	-		-	OST PER

						1.10	) I V I		ш	
71 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	25	\$ 484.62	\$	19.38	.352	\$	60.58	\$	6.83
DIAGNOSTIC AND ANC. PROCED	5	5	187.46		37.49	.070		37.49		2.64
EYE APPLIANCES	6	20	297.16		14.86	.282		49.53		4.19
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	42	208 \$	84,958.82	\$ 408.46	2.930	\$ 2022.83	\$ 1196.60
HOSP INPATIENT TOTAL	12	35	80,208.85	2291.68	.493	6684.07	1129.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	12	35	80,208.85	2291.68	.493	6684.07	1129.70
ACCOMMODATIONS	12	35	16,906.44	483.04	.493	1408.87	238.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	35	16,906.44	483.04		1408.87	238.12
ANCILLARIES	12	0	63,302.41	.00	.000	5275.20	891.58
INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	173	4,749.97	27.46		131.94	66.90
MEDICAL	18	33	1,161.92	35.21	.465	64.55	16.37
SURGERY	6	8	786.68	98.34		131.11	11.08
PATHOLOGY	16	58	501.79	8.65		31.36	7.07
RADIOLOGY	14	18	670.28	37.24		47.88	9.44
ROOM USE	15	23	1,196.04	52.00		79.74	16.85
CROSSOVERS/ALL OTH OUTPTNT	14	33	433.26	13.13		30.95	6.10
@COUNTY HOSPITAL TOTAL	0	0 s		\$ .00			\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00		.00	.00
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00
ACCOMMODATIONS	0	0	.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00		.00	.00
MEDICAL	0	0	.00	.00		.00	.00
SURGERY	0	0	.00	.00		.00	.00
PATHOLOGY	0	0	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00		.00	.00
ROOM USE	0	0	.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R				PAGE 10,047
MOP024	FEE-FOR-SERVICE						01/29/04
PLUMAS COUNTY			- FAMILIES AID CODE	E 5R 6R 37			
					M	ONTHLY AVERA	GE
71 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/D	AY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42	208 \$	84,958.82	\$ 408.46	2.930	\$ 2022.83	\$ 1196.60
COMM HOSP INPATIENT TOTAL	12	35	80,208.85	2291.68	.493	6684.07	1129.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	12	35	80,208.85	2291.68		6684.07	1129.70
ACCOMMODATIONS	12	35	16,906.44			1408.87	238.12
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	12	35	16,906.44	483.04		1408.87	238.12
ANCILLARIES	12	0	63,302.41	.00		5275.20	891.58
INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
COMM HOSP OUTPATIENT TOTAL	36	173	4,749.97	27.46		131.94	66.90
MEDICAL	18	33	1,161.92	35.21		64.55	16.37
			,				

SURGERY PATHOLOGY RADIOLOGY	6 16 14	8 58 18		786.68 501.79 670.28		98.34 8.65 37.24	.113 .817 .254		131.11 31.36 47.88		11.08 7.07 9.44
ROOM USE	15	23		1,196.04		52.00	.324		79.74		16.85
CROSSOVERS/ALL OTH OUTPTNT	14	33		433.26		13.13	.465		30.95		6.10
@STATE HOSPITAL	0	0	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
MENTALLY ILL	Ô	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	Ô	0		.00		.00	.000		.00		.00
@NURSING FACILITY	Ô	0	\$	.00	\$	.00	.000	\$		Ś	.00
LEV A-INTERMEDIATE	0	0	Υ	.00	٧	.00	.000	~	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś		\$	.00
ICF DDH	0	0		.00	•	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	10	\$	215.35	\$	21.54	.141	\$	43.07	\$	3.03
PATHOLOGY	5	10		215.35		21.54	.141		43.07		3.03
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	34	67	\$	7,682.21	\$	114.66	.944	\$	225.95	\$	108.20
CLINIC	2	16		442.04		27.63	.225		221.02		6.23
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	32	51		7,240.17		141.96	.718		226.26		101.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES N	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 10,048
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MN - S	OC -	FAMILIES AID CODE	5R 6	5R 37					
								_	HLY AVERA	_	
71 ELIGIBLES	USERS UNI	TS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DA	YS	COST PER	(	COST PER

					1-1014	11111 1 110 11(11	.01
71 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10	175 \$	4,212.28	\$ 24.07	2.465 \$	421.23	\$ 59.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	155	3,849.71	24.84	2.183	1924.86	54.22
AMBULANCES/AIR TRANS	2	153	2,033.31	13.29	2.155	1016.66	28.64
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	1,816.40	908.20	.028	908.20	25.58
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	278.42	19.89	.197	39.77	3.92
PHYSICAL THERAPIST	1	6	84.15	14.03	.085	84.15	1.19
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,049
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR MN - SOC	- TOT	AL		1401		aп	
106 EL TOIRLES	USERS	INTEG OF GEDVICE			AVERAGE COST	MON			
196 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					COST PER
	0.45	OR DAYS OF CARE		040 100 33	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	247	2,309 \$		248,102.33	\$ 107.45	11.781 \$			1265.83
@PHYSICIANS SERVICES	62	330 \$		17,583.92	\$ 53.28	1.684 \$		Ş	89.71
OUTPATIENT VISITS	8	10		451.28	45.13	.051	56.41		2.30
OFFICE VISITS	5	7		269.98	38.57	.036	54.00		1.38
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	3	3		181.30	60.43	.015	60.43		.93
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	13	35		1,439.28	41.12	.179	110.71		7.34
HOSPITAL VISITS	13	35		1,439.28	41.12	.179	110.71		7.34
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	14	121		9,404.77	77.73	.617	671.77		47.98
PRINCIPAL SURGEON	10	13		7,132.72	548.67	.066	713.27		36.39
ASSISTANT SURGEON	2	2		542.25	271.13	.010	271.13		2.77
ANESTHESIOLOGIST	7	106		1,729.80	16.32	.541	247.11		8.83
OUTPATIENT SURGERY	8	45		1,413.32	31.41	.230	176.67		7.21
PRINCIPAL SURGEON	6	7		818.17	116.88	.036	136.36		4.17
ASSISTANT SURGEON	1	1		80.42	80.42	.005	80.42		.41
ANESTHESIOLOGIST	3	37		514.73	13.91	.189	171.58		2.63
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	6	15		731.00	48.73	.077	121.83		3.73
RADIOLOGY	30	61		1,561.15	25.59	.311	52.04		7.97
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	16	43		2,583.12	60.07	.219	161.45		13.18
@PHARMACY	121	415 \$		51,936.45	\$ 125.15	2.117	429.23	\$	264.98
PRESCRIPTION DRUGS	120	413		51,870.55	125.59	2.107	432.25		264.65
SNF/ICF	9	63		2,508.16	39.81	.321	278.68		12.80
OUTPATIENTS	111	350		49,362.39	141.04	1.786	444.71		251.85
MEDICAL SUPPLIES	1	2		65.90	32.95	.010	65.90		.34
@DENTIST	2	4 \$		75.00	\$ 18.75	.020	37.50	\$	.38
VISITS - DIAGNOSTIC	1	2		50.00	25.00	.010	50.00		.26
ORAL SURGERY	1	1		.00	.00	.005	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	Ō		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
	_	-							

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.005	25.00	.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 10,050
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC -	TOTAL				
					MON	THLY AVERAG	E
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	14	45 \$	822.41	\$ 18.28	.230 \$	58.74	\$ 4.20
DIAGNOSTIC AND ANC. PROCED	5	5	187.46	37.49	.026	37.49	.96

EYE APPLIANCES	10	34		520.88		15.32	.173		52.09		2.66
OTHER OPTOMETRIC SERVICES	3	6		114.07		19.01	.031		38.02		.58
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	.47	\$	.47	.005	\$	.47	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		.47		.47	.005		.47		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		\$		\$	.00
NURSE ANESTHESIST	1	17	\$	169.93	\$	10.00		\$	169.93	\$	.87
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00		\$		\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$		\$	.00
@TOTAL HOSPITAL	71	453	\$	113,029.46	\$	249.51	2.311	\$	1591.96	\$	576.68
HOSP INPATIENT TOTAL	18	68		102,643.14		1509.46	.347		5702.40		523.69
HSC HOSPITALS	2	10		12,280.00		1228.00	.051		6140.00		62.65
NON-HSC HOSPITAL TOTAL	14	38		89,042.15		2343.21	.194		6360.15		454.30
ACCOMMODATIONS	14	38		18,577.65		488.89	.194		1326.98		94.78
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	38		18,577.65		488.89	.194		1326.98		94.78
ANCILLARIES	14	0		70,464.50		.00	.000		5033.18		359.51
INPATIENT CROSSOVERS	3	20		1,320.99		66.05	.102		440.33		6.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	62	385		10,386.32		26.98	1.964		167.52		52.99
MEDICAL	26	50		1,878.52		37.57	.255		72.25		9.58
SURGERY	8	10		1,262.74		126.27	.051		157.84		6.44
PATHOLOGY	26	109		1,008.16		9.25	.556		38.78		5.14
RADIOLOGY	21	31		2,223.61		71.73	.158		105.89		11.34
ROOM USE	22	38		1,831.43		48.20	.194		83.25		9.34
CROSSOVERS/ALL OTH OUTPTNT		147	4	2,181.86	ä	14.84	.750	4	68.18	4	11.13
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00 .00	.000		.00		.00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ő		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT R	REPOR'	T FOR JAN :	2003 THRU	DEC	2003	PI	AGE 10,051
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - SC	)C -	TOTAL							
							M			GE -	
196 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	453	\$	113,029.46	\$	249.51		\$	1591.96	Ş	576.68
COMM HOSP INPATIENT TOTAL	18	68		102,643.14		1509.46	.347		5702.40		523.69
HSC HOSPITALS	2	10		12,280.00		1228.00	.051		6140.00		62.65

NON-HSC HOSPITALS TOTAL	14	38		89,042.15		2343.21	.194		6360.15		454.30
ACCOMMODATIONS	14	38		18,577.65		488.89	.194		1326.98		94.78
ADMINISTRATIVE DAYS	0 0 14 14	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	38		18,577.65		488.89	.194		1326.98		94.78
ANCILLARIES	14	0		70,464.50		.00	.000		5033.18		359.51
INPATIENT CROSSOVERS	3	20		1,320.99		66.05	.102		440.33		6.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	62	385		10,386.32		26.98	1.964		167.52		52.99
MEDICAL	26	50		1,878.52		37.57	.255		72.25		9.58
SURGERY	8	10		1,262.74		126.27	.051		157.84		6.44
PATHOLOGY	26	109		1,008.16		9.25	.556		38.78		5.14
RADIOLOGY	21	31		2,223.61		71.73	.158		105.89		11.34
ROOM USE	22	38		1,831.43		48.20	.194		83.25		9.34
CROSSOVERS/ALL OTH OUTPTNT		147		2,181.86		14.84	.750		68.18		11.13
@STATE HOSPITAL	0	0	\$	.00		.00	.000	\$		\$	.00
MENTALLY ILL	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	12	236	\$	33,994.80		144.05	1.204	\$		\$	173.44
LEV A-INTERMEDIATE	0	236	Ą	.00		.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0				.00					
LEV B-SUBACUTE HSPTL BASED	0	0		.00			.000		.00		.00
LEV B-TRANSITIONAL IP CARE	12			.00		.00	.000		.00		.00
LEV B-REGULAR		236		33,994.80		144.05	1.204		2832.90		173.44
@INTERMEDIATE CARE FACILDD	0	0	\$	.00		.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	4.	.00	4.	.00
@HEMODIALYSIS TOTAL	1	1	\$	515.00		515.00	.005	\$	515.00	Ş	2.63
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		515.00		515.00	.005		515.00		2.63
@REHABILITATION FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	26	\$	533.81		20.53	.133	\$	53.38	\$	2.72
PATHOLOGY	10	26		533.81		20.53	.133		53.38		2.72
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	69	120	\$	13,359.32	\$	111.33	.612	\$	193.61	\$	68.16
CLINIC	2	16		442.04		27.63	.082		221.02		2.26
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	67	104		12,917.28		124.20	.531		192.80		65.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	F	PAGE 10,052
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	/ICES FOR MN - S	SOC -	TOTAL							
							N	ONT	HLY AVERA	ιGΕ	
196 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RΕ				PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	33	661	\$	16,081.76		24.33	3.372		487.33		82.05
DIRABIE MED ECHTE	2	2		74 00		37 00			37 00		

	MONITHE AVENAGE						
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	661 \$	16,081.76	\$ 24.33	3.372 \$	487.33	\$ 82.05
DURABLE MED. EQUIP.	2	2	74.00	37.00	.010	37.00	.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	621	15,422.10	24.83	3.168	907.18	78.68
AMBULANCES/AIR TRANS	9	437	6,174.91	14.13	2.230	686.10	31.50
OTHER TRANS	5	54	499.31	9.25	.276	99.86	2.55
OTHER SERVICES	7	130	8,747.88	67.29	.663	1249.70	44.63
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	32		501.51	15.67	.163	35.82	2.56
PHYSICAL THERAPIST	1	6		84.15	14.03	.031	84.15	.43
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	31	244	\$	19,583.95	\$ 80.26	1.245	\$ 631.74	\$ 99.92
et momard tar murder titaled and divi	DN 70 7 00070700	TATE OF A A REPORT	T T T T T T T T T T T T T T T T T T T	77.				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,053 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

					MON'	THLY AVERAGE	:
1,167 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,139	37,479 \$	5,098,101.67	\$ 136.03	32.116 \$	4475.95 \$	4368.55
@PHYSICIANS SERVICES	66	135 \$	1,234.44	\$ 9.14	.116 \$	18.70 \$	1.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	66	135	1,234.44	9.14	.116	18.70	1.06
@PHARMACY	822	4,566 \$	266,687.71	\$ 58.41	3.913 \$	324.44 \$	228.52
PRESCRIPTION DRUGS	822	4,560	266,666.71	58.48	3.907	324.41	228.51

SNF/ICF	773	4,375	261,682.71	59.81	3.749	338.53	224.24
OUTPATIENTS	57	185	4,984.00	26.94	.159	87.44	4.27
MEDICAL SUPPLIES	2	6	21.00	3.50	.005	10.50	.02
@DENTIST	7	11 \$	1,583.00	\$ 143.91	.009 \$	226.14	\$ 1.36
VISITS - DIAGNOSTIC	6	6	150.00	25.00	.005	25.00	.13
ORAL SURGERY	1	2	83.00	41.50	.002	83.00	.07
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	1,350.00	450.00	.003	675.00	1.16
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 10,054
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG	TERM CARE - AGED	AID CODE	13		
					_	THLY AVERAC	
1,167 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

										GE	
1,167 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	28	87	\$	2,112.04	\$	24.28	.075	\$	75.43	\$	1.81
DIAGNOSTIC AND ANC. PROCED	3	3		197.67		65.89	.003		65.89		.17
EYE APPLIANCES	22	71		1,756.19		24.74	.061		79.83		1.50
OTHER OPTOMETRIC SERVICES	7	13		158.18		12.17	.011		22.60		.14
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	46.53	\$	11.63	.003	\$	11.63	\$	.04
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		46.53		11.63	.003		11.63		.04
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
@TOTAL HOSPITAL	120	418	Š	16,264.38	Š	38.91	.358	Š	135.54	Š	13.94
HOSP INPATIENT TOTAL	16	58		12,556.59		216.49	.050	•	784.79		10.76
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	16	58		12,556.59		216.49	.050		784.79		10.76
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	113	360		3,707.79		10.30	.308		32.81		3.18
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		14.15		14.15	.001		14.15		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	n		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	112	359		3,693.64		10.29	.308		32.98		3.17
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
					•			-			

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	' 0		0	.0	0	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEN	NDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2003 THRU D	EC 2003	P.	AGE 10,055
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR M	N - LONG	TERM CARE - AGED	ı	AID CODE	13			
							MC	NTHLY AVERA	GE	
1,167 ELIGIBLES	USERS	UNITS OF SE	ERVICE	EXPENDITURE	S DVE	RAGE COST	-	COST PER	-	COST PER
1,107 EDIGIBLES	OBERD	OR DAYS OF		EXFENDITORE			PER ELIG	USER		ELIGIBLE
ACOMMINITES HACDIEST HARS	120			16 264 2		38.91				
@COMMUNITY HOSPITAL TOTAL	120	2	418 \$				.358		Þ	13.94
COMM HOSP INPATIENT TOTAL	16		58	12,556.5		216.49	.050	784.79		10.76
HSC HOSPITALS	0		0	.0		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0	.0	0	.00	.000	.00		.00
ACCOMMODATIONS	0		0	.0	0	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0	.0	0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0 0	.0	0	.00	.000	.00		.00
ALL OTHER ACCOM	0		0	.0		.00	.000	.00		.00
ANCILLARIES	0		0			.00	.000	.00		.00
INPATIENT CROSSOVERS	16		58	.0 12,556.5 .0	0	216.49	.050	784.79		10.76
	10			12,550.5	9					
ALL OTHER INPATIENT	0 113	,	0			.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL		3	360	3,707.7		10.30	.308	32.81		3.18
MEDICAL	0		0	.0		.00	.000	.00		.00
SURGERY	0		0	.0	0	.00	.000	.00		.00
PATHOLOGY	1		1	14.1	5	14.15	.001	14.15		.01
RADIOLOGY	0		0	.0	0	.00	.000	.00		.00
ROOM USE	0		0	. 0		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	112	-	359	3,693.6		10.29	.308	32.98		3.17
@STATE HOSPITAL	0	•	0 \$			.00	.000		ċ.	.00
	0		0 \$				.000	.00	Ą	
MENTALLY ILL	U		ū	.0		.00				.00
DEVELOP. DISABLED	0		0	.0		.00	.000	.00		.00
@NURSING FACILITY	986	31,3				152.82		\$ 4830.75	\$	4081.51
LEV A-INTERMEDIATE	0		0	.0	0	.00	.000	.00		.00
LEV B-REHAB MD	0		0	.0	0	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	. 0		0	.0	0	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0	.0	0	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		Ô	.0		.00	.000	.00		.00
LEV B-REGULAR	986	31,3	168	4,763,122.3		152.82	26.708	4830.75		4081.51
@INTERMEDIATE CARE FACILDD	200	J + , -	0 \$			.00	.000		ċ.	.00
	0								Ą	
ICF DDH	U		0	.0		.00	.000	.00		.00
ICF DD	0		0	. 0		.00	.000	.00		.00
ICF DDN/DDCN	0		0	.0		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	1		2 \$	200.9	0 \$	100.45	.002		\$	.17
HOSPITAL BASED	0		0	.0	0	.00	.000	.00		.00
HEMODIALYSIS CENTER	1		2	200.9	0	100.45	.002	200.90		.17
@REHABILITATION FACILITY	0		0 \$	.0	0 \$	.00	.000	\$ .00	Ś	.00
HOSPITAL BASED	0		0	.0		.00	.000	.00	-	.00
INDEPENDENT FACILITY	0		Ö	.0		.00	.000	.00		.00
	0		0 0 \$	.0		.00	.000		ċ.	.00
@LABORATORY FACILITY	0		Q Ş						Ą	
PATHOLOGY	U		0	.0		.00	.000	.00		.00
XO AND OTHERS	0	_	0	.0		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	193	3	339 \$	•		62.30	.290		\$	18.10
CLINIC	0		0	.0	0	.00	.000	.00		.00
SURGICENTER	0		0	.0	0	.00	.000	.00		.00
HEROIN DETOX CLINIC	0		0	.0	0	.00	.000	.00		.00
RURAL HEALTH CLINIC	193		339	21,121.2		62.30	.290	109.44		18.10
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT					D	AGE 10,056
MOP024	FEE-FOR-SERVICE		NDII OKLID	MONTH OF THIMBINE	ICHI OICI	1010 01110 1	2005 11110 1	HC 2005		01/29/04
			T T ONT	TEDM CARE ACES		YID GODE	1 2			01/45/04
PLUMAS COUNTY	SUMMAKI OF SERV	TOES FOR MI	N - LONG	TERM CARE - AGED		AID CODE			a-	
1 165								NTHLY AVERA		
1,167 ELIGIBLES	USERS	UNITS OF SE		EXPENDITURE			UNITS/DAYS			COST PER
		OR DAYS OF					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	64		749 \$	25,729.1	1 \$	34.35	.642	\$ 402.02	\$	22.05

	_						
DURABLE MED. EQUIP.	5	15	1,988.22	132.55	.013	397.64	1.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	9	1,529.36	169.93	.008	169.93	1.31
MEDICAL TRANSPORTATION	19	474	4,535.41	9.57	.406	238.71	3.89
AMBULANCES/AIR TRANS	1	75	1,436.50	19.15	.064	1436.50	1.23
OTHER TRANS	15	248	819.90	3.31	.213	54.66	.70
OTHER SERVICES	7	151	2,279.01	15.09	.129	325.57	1.95
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	40	479.41	11.99	.034	26.63	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	59.94	19.98	.003	59.94	.05
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	4	153	17,000.22	111.11	.131	4250.06	14.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	55	136.55	2.48	.047	17.07	.12
@CALIF. CHILDREN SERVICES*	Ō	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	241	676	\$ 56,110.35	\$ 83.00	.579	\$ 232.82	\$ 48.08
04 MOM310 T31 MUDGE 1 T3100 3 DE 07111		T17E0D1/7 ET 017	 ,				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,057
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

I LONIO COONII	DOMINITAL OF DELLA	TCHO LOIC LIN HONG IN	ICIT CITICE DELIND	TITD CODE	23		
					MON'	THLY AVERAGI	₫
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	RES MONTE	H-OF-PAYMENT RE	PORT FO	R JAN 2003	THRU	DEC 2	2003		10,058
MOP024	FEE-FOR-SERVICE/DENTAL									01,	/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	MN - LC	NG TERM	CARE - BLIND	AI	CODE 23					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$ .00 .00 .000 \$ .00 \$ .00 \$ DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 \$ .00 \$ .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$ .00 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY .00 .000 .00 .00 NURSE ANESTHESIST .00 \$ .00 .000 .00 \$ .00 0 .00 .00 NURSE MIDWIFE .00 .000 \$ .00 0 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 \$ .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL .00 .000 .00 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 0 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 .00 ALL OTHER ACCOM 0 .00 .00 .000 .00 0 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	Λ	Λ	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	n	.00	.00	.000	.00	.00
MEDICAL	0	n	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	0	0 4	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES					PAGE 10,059
MOP024	FEE-FOR-SERVICE/DENTAL				ii iiiio bho	_ , , ,	01/29/04
PLUMAS COUNTY							32,20,01
	SUMMARY OF SERVICES FOR	MN - LONG	TERM CARE - BLIND	AID CODE 2	3		

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 .00 .000 \$ .00 \$ 0 .00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 RADIOLOGY .000 0 .00 .000 ROOM USE .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 0 .000 \$ @STATE HOSPITAL .00 .00 .00 .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 .000 DEVELOP. DISABLED 0 .00 .00 .00 .00 @NURSING FACILITY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE LEV B-REHAB MD 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .000 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00

LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
CLINIC	0	0	.00	.00	.000	.00	.00

.00 0 .00 .000 .00 SURGICENTER 0 .00 HEROIN DETOX CLINIC 0 .00 .00 .000 .00 .00 .00 RURAL HEALTH CLINIC 0 0 .00 .000 .00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 10,060 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

MONTHITY ATTENACE

PAGE 10,061

01/29/04

					MON'	THLY AVERAGE	
00 ELIGIBLES	USERS I	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARA	TE INFORMATION ITEM	ONLY;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

						MON	NTHLY AVERA	GE	
63 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	51	1,797	\$	184,105.25	\$ 102.45	28.524	3609.91	\$ 2922.31	
@PHYSICIANS SERVICES	5	8	\$	152.34	\$ 19.04	.127	30.47	\$ 2.42	
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	.00	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	

SNF/ICF/TRANS IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
EXAMINATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00
SERVICES AND MATERIALS   0
INPATIENT HOSPITAL SURGENY   0
PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ASSISTANT SURGEON ON ANESTHESIOLOGIST ON OUTPATIENT SURGERY ON OUTPATIENT SURGEON ON OUTPATIENT SURGEON ON ON ASSISTANT SURGEON ON O
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
OUTPATIENT SURGERY 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 PRINCIPAL SURGEON 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0
PRINCIPAL SURGEON
ASSISTANT SURGEON ANESTHESIOLOGIST O O O O O O O O O O O O O O O O O O O
AMESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
DIALYSIS
PATHOLOGY
RADIOLOGY
PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
IMMUNIZATION AND INJECTION   O   O   O   O   O   O   O   O   O
OTHER SERVICES/ALL X-OVERS         4         5         125.32         25.06         .079         31.33         1.99           @PHARMACY         48         556         \$ 22,884.02         \$ 41.16         8.825         \$ 476.75         \$ 363.24           PRESCRIPTION DRUGS         47         320         22,733.18         71.04         5.079         483.68         360.84           SNF/ICF         40         282         20,564.08         72.92         4.476         514.10         326.41           OUTPATIENTS         7         38         2,169.10         57.08         .603         309.87         34.43           MEDICAL SUPPLIES         3         236         150.84         .64         3.746         50.28         2.39           @DENTIST         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00
@PHARMACY         48         556         \$         22,884.02         \$         41.16         8.825         \$         476.75         \$         363.24           PRESCRIPTION DRUGS         47         320         22,733.18         71.04         5.079         483.68         360.84           SNF/ICF         40         282         20,564.08         72.92         4.476         514.10         326.41           OUTPATIENTS         7         38         2,169.10         57.08         .603         309.87         34.43           MEDICAL SUPPLIES         3         236         150.84         .64         3.746         50.28         2.39           @DENTIST         0         0         \$         .00         \$         .00         .00         \$         .00           VISITS - DIAGNOSTIC         0         0         \$         .00 <td< td=""></td<>
@PHARMACY         48         556         \$         22,884.02         \$         41.16         8.825         \$         476.75         \$         363.24           PRESCRIPTION DRUGS         47         320         22,733.18         71.04         5.079         483.68         360.84           SNF/ICF         40         282         20,564.08         72.92         4.476         514.10         326.41           OUTPATIENTS         7         38         2,169.10         57.08         .603         309.87         34.43           MEDICAL SUPPLIES         3         236         150.84         .64         3.746         50.28         2.39           @DENTIST         0         0         \$         .00         .00         .000         .00         \$         .00         \$         .00         \$         .00
PRESCRIPTION DRUGS         47         320         22,733.18         71.04         5.079         483.68         360.84           SNF/ICF         40         282         20,564.08         72.92         4.476         514.10         326.41           OUTPATIENTS         7         38         2,169.10         57.08         .603         309.87         34.43           MEDICAL SUPPLIES         3         236         150.84         .64         3.746         50.28         2.39           @DENTIST         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00
SNF/ICF         40         282         20,564.08         72.92         4.476         514.10         326.41           OUTPATIENTS         7         38         2,169.10         57.08         .603         309.87         34.43           MEDICAL SUPPLIES         3         236         150.84         .64         3.746         50.28         2.39           @DENTIST         0         0         \$         .00         \$         .00         .0
OUTPATIENTS         7         38         2,169.10         57.08         .603         309.87         34.43           MEDICAL SUPPLIES         3         236         150.84         .64         3.746         50.28         2.39           @DENTIST         0         0         \$         .00         \$         .00         .00         \$         .00           VISITS - DIAGNOSTIC         0         0         0         .00
MEDICAL SUPPLIES         3         236         150.84         .64         3.746         50.28         2.39           @DENTIST         0         0         \$         .00         \$         .00         .00         \$         .00           VISITS - DIAGNOSTIC         0         0         0         .00
@DENTIST         0         \$         .00         \$         .00
VISITS - DIAGNOSTIC         0         0         .00
ORAL SURGERY         0         0         .0
DRUGS         0         0         .00
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
PERIODONTICS         0         0         .0
ENDODONTICS       0       0       .00       <
RESTORATIVE DENTISTRY       0       0       .00
PROSTHETICS         0         0         .00
DENTURES, STAYPLATES       0       0       .00       .00       .00       .00       .00       .00         SPACE MAINTAINERS       0       0       .00       .00       .00       .00       .00       .00
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,062
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63
TESTING COOK!! THE COOK IN LONG THAT CARE DISTINGLE THE COOK IN LONG THAT CARE THAT CARE THE COOK IN LONG TH
63 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER ELIGIBLE

63 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST UNIT/DAY	UNITS/DAYS	3	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	6	\$ 95.96	\$ 15.99	.095	\$	47.98	\$ 1.52
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	2	6	95.96	15.99	.095		47.98	1.52
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	9	40	\$	6,708.42	\$	167.71	.635	\$	745.38	\$	106.48
HOSP INPATIENT TOTAL	4	7		6,187.19		883.88	.111		1546.80		98.21
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		3,695.19		1847.60	.032		3695.19		58.65
ACCOMMODATIONS	1	2		800.64		400.32	.032		800.64		12.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		800.64		400.32	.032		800.64		12.71
ANCILLARIES	1	0		2,894.55		.00	.000		2894.55		45.95
INPATIENT CROSSOVERS	3	5		2,492.00		498.40	.079		830.67		39.56
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	33		521.23		15.79	.524		74.46		8.27
MEDICAL	3	5		231.80		46.36	.079		77.27		3.68
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	15		199.87		13.32	.238		66.62		3.17
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		48.16		48.16	.016		48.16		.76
CROSSOVERS/ALL OTH OUTPTNT	5	12		41.40		3.45	.190		8.28		.66
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 10,063
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	ONG T	CERM CARE - DISABL	ED	AID CODE					
									HLY AVERA		
63 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	C UNITS/DAY	ZS.	COST PER	(	COST PER

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9 @COMMUNITY HOSPITAL TOTAL 40 \$ 4 7 COMM HOSP INPATIENT TOTAL HSC HOSPITALS Ο 0 NON-HSC HOSPITALS TOTAL ACCOMMODATIONS 0 0 ADMINISTRATIVE DAYS 0 TRANSITIONAL IP CARE 0 ALL OTHER ACCOM 1 0 ANCILLARIES INPATIENT CROSSOVERS 5 ALL OTHER INPATIENT 0 COMM HOSP OUTPATIENT TOTAL 33 5 MEDICAL SURGERY 0 0 3 15 PATHOLOGY RADIOLOGY Ω Ω ROOM USE 1

CROSSOVERS/ALL OTH OUTPTNT	5	12		41.40		3.45	.190		8.28		.66
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	40	1,149	\$	152,227.55	\$	132.49	18.238	\$	3805.69	\$	2416.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	40	1,149		152,227.55		132.49	18.238		3805.69		2416.31
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14	25	\$	1,686.84	\$	67.47	.397	\$	120.49	\$	26.78
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	25		1,686.84		67.47	.397		120.49		26.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	2003 THRU	DEC	2003	P	AGE 10,064
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	MN - ]	LONG	TERM CARE - DISABLE	ED	AID CODE					
							M	ONT	HLY AVERA	GE.	

					MON	THLY AVERA	±E −−−−−
63 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	13 \$	350.12	\$ 26.93	.206 \$	70.02	\$ 5.56
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1	118.20	118.20	.016	118.20	1.88
AMBULANCES/AIR TRANS	1	1	118.20	118.20	.016	118.20	1.88
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	68.80	11.47	.095	22.93	1.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE		0 0 6 0 258	\$ \$ FEM ONLY;	.00 .00 163.12 .00 4,051.74	\$ \$	.00 .00 27.19 .00 15.70	.000 .000 .095 .000 4.095	\$	.00 .00 163.12 .00 337.65	\$\$	.00 .00 2.59 .00 64.31
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	DETAIL LINES ABO	OVE.								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES MONTH-	OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PA	GE 10,065
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR MN - LO	NG TERM C	ARE - FAMILII	ES I	DISCONTING	UED				
							M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS U	NITS OF SERVICE	E	XPENDITURES	AVEF	RAGE COST	UNITS/DAY	S (	COST PER	C	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	Ġ	.00	ġ _	.00
@PHYSICIANS SERVICES	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	U	U	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	Ů.	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	U	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	Ô	Ô	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	U	U	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
	0	0 \$		•	.000 \$		.00
VISITS - DIAGNOSTIC	0		.00	.00		.00	
ORAL SURGERY	U	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0				.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 10,066
MOP024	FEE-FOR-SERVICE/I						01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICE	CES FOR MN - LONG TE	RM CARE - FAMILIE	S DISCONTINU	JED		
					MONTH	LY AVERAG!	E
00 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	OST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	Ö	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$ .00	.000 \$	.00	
VISITS	0	0 \$	.00	.00	.000 \$	.00	.00
A T D T T D	U	U	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE ANESTHESIST	0	0 &	.00	\$ .00	.000 \$		\$ .00
	0	0 3		·			•
NURSE MIDWIFE	Ü	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	Ü	U	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.000		
	0	0	.00			.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 4					
@COUNTY HOSPITAL TOTAL	U	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ô	Ô	.00	.00	.000	.00	.00
	0	0	.00				.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.000	.00	
MEDICAL	Ü	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	•	00	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N	IONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 10,067
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG T	CERM CARE - FAMILIE	S DISCONTIN	UED		
					MONT	HLY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COST	UNITS/DAYS		COST PER
00 EDIGIBLES	OSERS		EXPENDITORES		,		
- GOVERNMENT 110 CT	2	OR DAYS OF CARE	2.2	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	•	•	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00				
INPATIENT CROSSOVERS	0	0					.000	.00		.00
ALL OTHER INPATIENT	Ü	Ü		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
	0	0								
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0 :	\$	.00	\$	.00		\$ .00		.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0 :	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	Ô	Ů.	T	.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0								
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 :	\$	.00		.00		\$ .00		.00
ICF DDH	0	0	Y	.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
_	0	0								
ICF DDN/DDCN	Ü	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		\$ .00		.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0	т	.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	•	4							
@LABORATORY FACILITY	0	U	\$	.00		.00		\$ .00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
	0	0					.000			.00
RURAL HEALTH CLINIC	U CAT CERTIC	_	a Monteria off t	.00		.00		.00		
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MONTH-OF-E	AAMENT RE	SPORT FOR	JAN Z	003 THRU L	EC 2003	F	PAGE 10,068
MOP024	FEE-FOR-SERVICE									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	G TERM CARE	- FAMILIE	ES DISC	UNITNC	ED			
							MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPEN	NDITURES	AVERAGE	COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNI	T/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
DURABLE MED. EQUIP.	0	0	Y	.00		.00	.000	.00		.00
	0									
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	Ô	0		.00		.00	.000	.00		.00
	0	0								
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	Ü		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	O	Ü		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
		-								

PORTABLE X-RAY	0	0	.00	.00	.000	.00	)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	)	.00
PROSTHETICS	0	0	.00	.00	.000	.00	)	.00
ORTHOTICS	0	0	.00	.00	.000	.00	)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,069
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

1,230 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST	UNITS/DAY	COST PER	COST PER
		OR DAYS OF CARE			R UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,190	39,276 \$	5	5,282,206.92	\$	31.932	4438.83	
@PHYSICIANS SERVICES	71	143 \$	5	1,386.78	\$ 9.70	.116	\$ 19.53	\$ 1.13
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	3		27.02	9.01	.002	27.02	.02
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	70	140		1,359.76	9.71	.114	19.43	1.11
@PHARMACY	870	5,122 \$	5	289,571.73	\$ 56.53	4.164	\$ 332.84	\$ 235.42
PRESCRIPTION DRUGS	869	4,880		289,399.89	59.30	3.967	333.03	235.28
SNF/ICF	813	4,657		282,246.79	60.61	3.786	347.17	229.47
OUTPATIENTS	64	223		7,153.10	32.08	.181	111.77	5.82
MEDICAL SUPPLIES	5	242		171.84	.71	.197	34.37	.14
@DENTIST	7	11 \$	5	1,583.00	\$ 143.91	.009	\$ 226.14	\$ 1.29

VISITS - DIAGNOSTIC	6	6	150.00	25.00	.005	25.00	.12
ORAL SURGERY	1	2	83.00	41.50	.002	83.00	.07
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	1,350.00	450.00	.002	675.00	1.10
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2003 THRU D	EC 2003	PAGE 10,070
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04

I HOMAS COOMII	SOMMAN OF SERVE	CES FOR MIN	поио	1 151(14	CARE TOTAL			M	ONTT'	HIV AMEDA	그F -	
1,230 ELIGIBLES	USERS	UNITS OF SERV	TCE		EXPENDITURES	Δ\//	ERAGE COST			COST PER		COST PER
1,230 HIIGIDIII	OBLINE	OR DAYS OF C	-		DZII DINDI I OKUD		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	30	93			2,208.00	\$	23.74	.076			\$	1.80
DIAGNOSTIC AND ANC. PROCED	3	3			197.67	٧	65.89	.002	٧	65.89	Y	.16
EYE APPLIANCES	24	77			1,852.15		24.05	.063		77.17		1.51
OTHER OPTOMETRIC SERVICES	7	13			158.18		12.17	.011		22.60		.13
	0	0	۲.			\$	.00	.000	\$		\$	.00
@CHIROPRACTOR	0	0	\$		.00	Ą			Ą		Ą	
VISITS	0						.00	.000		.00		.00
OTHER SERVICES	0	0	4		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$		46.53	\$	11.63	.003	\$	11.63	\$	.04
MEDICINE/INJECTIONS	0	0			.00		.00	.000		.00		.00
SURGERY/ANES.	0	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0			.00		.00	.000		.00		.00
OTHER	4	4			46.53		11.63	.003		11.63		.04
@HOME HEALTH AGENCY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	129	458	\$		22,972.80	\$	50.16	.372	\$	178.08	\$	18.68
HOSP INPATIENT TOTAL	20	65			18,743.78		288.37	.053		937.19		15.24
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2			3,695.19		1847.60	.002		3695.19		3.00
ACCOMMODATIONS	1	2			800.64		400.32	.002		800.64		.65
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2			800.64		400.32	.002		800.64		.65
ANCILLARIES	1	0			2,894.55		.00	.000		2894.55		2.35
INPATIENT CROSSOVERS	19	63			15,048.59		238.87	.051		792.03		12.23
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	120	393			4,229.02		10.76	.320		35.24		3.44
MEDICAL	3	5			231.80		46.36	.004		77.27		.19
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	16			214.02		13.38	.013		53.51		.17
	4	0										
RADIOLOGY	0				.00		.00	.000		.00		.00
ROOM USE	117	1			48.16		48.16	.001		48.16		.04
CROSSOVERS/ALL OTH OUTPTNT		371	4		3,735.04		10.07	.302		31.92		3.04
@COUNTY HOSPITAL TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	Ô	0			.00		.00	.000		.00		.00
RADIOLOGY	0	n			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	•	ס זו קווד	MONT		EDOD'			DEC		D7	AGE 10,071
MOD024	FFF-FOP-SERVICE		- 01(110	1.101411	0. 1.111.11111 1	010	I ION UAN	2000 11110	2110	2000	EF	01/29/04

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

						M	TMO	HLY AVERA	GE	
1,230 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	ST UNITS/DAY		COST PER	ОП	COST PER
,		OR DAYS OF CARE			PER UNIT/DA			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	129	458	\$	22,972.80	\$ 50.16	.372	\$	178.08	\$	18.68
COMM HOSP INPATIENT TOTAL	20	65		18,743.78	288.37	.053		937.19		15.24
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		3,695.19	1847.60	.002		3695.19		3.00
ACCOMMODATIONS	1	2		800.64	400.32	.002		800.64		.65
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	1	2		800.64	400.32	.002		800.64		.65
ANCILLARIES	1	0		2,894.55	.00	.000		2894.55		2.35
INPATIENT CROSSOVERS	19	63		15,048.59	238.87	.051		792.03		12.23
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	120	393		4,229.02	10.76	.320		35.24		3.44
MEDICAL	3	5		231.80	46.36	.004		77.27		.19
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	4	16		214.02	13.38	.013		53.51		.17
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	1	1		48.16	48.16	.001		48.16		.04
CROSSOVERS/ALL OTH OUTPTNT	117	371		3,735.04	10.07	.302		31.92		3.04
@STATE HOSPITAL	0	0	\$	.00	\$ .00		\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	1,026	32,317	\$	4,915,349.87	\$ 152.10	26.274	\$	4790.79	\$	3996.22
LEV A-INTERMEDIATE	_,,	0	т	.00	.00	.000	т.	.00	-	.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	1,026	32,317		4,915,349.87	152.10	26.274		4790.79		3996.22
@INTERMEDIATE CARE FACILDD	_,,	0	\$	.00	\$ .00		\$	.00	\$	.00
ICF DDH	0	0	т	.00	.00	.000	т.	.00	-	.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	200.90	\$ 100.45	.002	\$	200.90	\$	.16
HOSPITAL BASED	0	0	•	.00	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	1	2		200.90	100.45	.002		200.90		.16
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00		\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00	.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	•	.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	207	364	\$	22,808.08	\$ 62.66	.296	\$	110.18	\$	18.54
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	207	364		22,808.08	62.66	.296		110.18		18.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT FOR JAI	N 2003 THRU	DEC	2003	I	AGE 10,072
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - LOI	NG I	ERM CARE - TOTAL						
						M	TNO	HLY AVERA	GE	
1,230 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	ST UNITS/DAY				COST PER
		OR DAYS OF CARE			PER UNIT/DA	AY PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	69	762	\$	26,079.23	\$ 34.22	.620	\$	377.96	\$	21.20
DURABLE MED. EQUIP.	5	15		1,988.22	132.55	.012		397.64		1.62
BLOOD BANK	0	0		.00	.00	.000		.00		.00
HEARING AID DISPENSERS	9	9		1,529.36	169.93	.007		169.93		1.24
MEDICAL TRANSPORTATION	20	475		4,653.61	9.80	.386		232.68		3.78

AMBULANCES/AIR TRANS	2	76	1,554.70	20.46	.062	777.35	1.26
OTHER TRANS	15	248	819.90	3.31	.202	54.66	.67
OTHER SERVICES	7	151	2,279.01	15.09	.123	325.57	1.85
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	46	548.21	11.92	.037	26.11	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	59.94	19.98	.002	59.94	.05
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	4	153	17,000.22	111.11	.124	4250.06	13.82
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	61	299.67	4.91	.050	33.30	.24
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	253	934	\$ 60,162.09	\$ 64.41	.759	\$ 237.79	\$ 48.91

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLUMAS COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,073 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1,722 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE USER PER UNIT/DAY PER ELIG FLIGIBLE 23.632 \$ 3471.03 \$ 3112.23 @TOTAL, ALL PROVIDERS 1,544 40,694 5,359,263.24 \$ 131.70 @PHYSICIANS SERVICES 111 211 2,620.20 12.42 .123 \$ 23.61 \$ 1.52 1 68.35 68.35 68.35 OUTPATIENT VISITS 1 .001 .04 .00 .000 OFFICE VISITS .00 .00 .00 HOME VISITS 0 0 .00 .00 .000 .00 .00 68.35 68.35 .001 68.35 EMERGENCY ROOM 1 .04 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 OTHER OUTPATIENT .000 .00 .00 INPATIENT VISITS 46.44 .001 .03 46.44 46.44 .001 HOSPITAL VISITS 46.44 46.44 46.44 .03 .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 .00 EXAMINATIONS .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 **OUTPATIENT SURGERY** .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 DIALYSIS Ω .00 PATHOLOGY 120.50 60.25 .001 120.50 .07

RADIOLOGY	Λ	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	0	0									
IMMUNIZATION AND INJECTION	100	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	108	207	4.	2,384.91	4.	11.52	.120		22.08		1.38
@PHARMACY	1,130	5,777	\$	334,279.33	\$	57.86	3.355	Ş	295.82	Ş	194.12
PRESCRIPTION DRUGS	1,129	5,764		333,991.41		57.94	3.347		295.83		193.96
SNF/ICF	815	4,636		274,284.02		59.16	2.692		336.54		159.28
OUTPATIENTS	322	1,128		59,707.39		52.93	.655		185.43		34.67
MEDICAL SUPPLIES	7	13		287.92		22.15	.008		41.13		.17
@DENTIST	14	31	\$	1,955.00	\$	63.06	.018	\$	139.64	\$	1.14
VISITS - DIAGNOSTIC	10	19	•	241.00	•	12.68	.011		24.10		.14
ORAL SURGERY	2	4		206.00		51.50	.002		103.00		.12
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	4		133.00		33.25	.002		66.50		.08
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	4		1,375.00		343.75	.002		458.33		.80
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	IRES	MONTH-OF-PAYMENT RI	EPOR:	r for Jan	2003 THRU I	DEC	2003	PI	AGE 10,074
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DI III G GOITITHI	CITAL OF CERTIFICES										. , ,

PLUMAS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

						M	ONT	HLY AVERA	GE	
1,722 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	44	136	\$ 3,164.31	\$	23.27	.079	\$	71.92	\$	1.84
DIAGNOSTIC AND ANC. PROCED	4	4	272.78		68.20	.002		68.20		.16
EYE APPLIANCES	31	100	2,481.87		24.82	.058		80.06		1.44
OTHER OPTOMETRIC SERVICES	16	32	409.66		12.80	.019		25.60		.24
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	5	5	\$ 47.00	\$	9.40	.003	\$	9.40	\$	.03
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	5	5	47.00		9.40	.003		9.40		.03
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	179	750	\$ 23,358.72	\$	31.14	.436	\$	130.50	\$	13.56
HOSP INPATIENT TOTAL	21	73	15,983.59		218.95	.042		761.12		9.28
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	21	73	15,983.59		218.95	.042		761.12		9.28
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	169	677	7,375.13		10.89	.393		43.64		4.28
MEDICAL	0	0	.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	40.44	13.48	.002	20.22	.02
RADIOLOGY	1	2	38.70	19.35	.001	38.70	.02
ROOM USE	1	1	33.11	33.11	.001	33.11	.02
CROSSOVERS/ALL OTH OUTPINT	167	671	7,262.88	10.82	.390	43.49	4.22
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		-	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 10,075
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR MEDICALL	Y NEEDY - AGED				
					MON'		GE
1,722 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	179	750	\$ 23,358.72	\$ 31.14	.436 \$	130.50	\$ 13.56
COMM HOSP INPATIENT TOTAL	21	73	15,983.59	218.95	.042	761.12	9.28
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	73	15,983.59	218.95	.042	761.12	9.28
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	169	677	7,375.13	10.89	.393	43.64	4.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	40.44	13.48	.002	20.22	.02
RADIOLOGY	1	2	38.70	19.35	.001	38.70	.02
ROOM USE	1	1	33.11	33.11	.001	33.11	.02
CROSSOVERS/ALL OTH OUTPTNT	167	671	7,262.88	10.82	.390	43.49	4.22
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,031	32,276	\$ 4,926,343.26	\$ 152.63	18.743 \$	4778.22	\$ 2860.83
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,031	32,276	4,926,343.26	152.63	18.743	4778.22	2860.83
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00

0

0

0

0

1

0

1

0

0

0

502

502

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

60.25

60.25

35,376.01

35,376.01

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

715.90

715.90

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

70.47

60.25

60.25

70.47

238.63

238.63

.000

.000

.000

.002

.000

.000

.000

.001

.000

.000

.000

.292

.002 \$

.000 \$

.001 \$

.292 \$

.00

.00

357.95 \$

.00

.00

.00

.00

.00

.00

.00

.00

60.25

122.83

122.83

60.25 \$

357.95

.00

.00

.42

.00

.42

.00

.00

.00

.03

.00

.03

.00

.00

.00

20.54

PAGE 10,076

20.54

0

0

1

0

0

0

288

288

ICF DD

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HEROIN DETOX CLINIC

RURAL HEALTH CLINIC

#CALIF DEPT OF HEALTH SERV

@ORGANIZED OUTPATIENT CLINIC

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

CLINIC SURGICENTER

@LABORATORY FACILITY

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MO1	THLY AVERAG	GE
1,722 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	91	1,002 \$	31,343.26	\$ 31.28	.582	344.43	\$ 18.20
DURABLE MED. EQUIP.	6	16	2,024.22	126.51	.009	337.37	1.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	9	1,529.36	169.93	.005	169.93	.89
MEDICAL TRANSPORTATION	29	678	9,329.03	13.76	.394	321.69	5.42
AMBULANCES/AIR TRANS	2	77	1,532.56	19.90	.045	766.28	.89
OTHER TRANS	20	303	1,320.51	4.36	.176	66.03	.77
OTHER SERVICES	12	298	6,475.96	21.73	.173	539.66	3.76
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	26	61	728.69	11.95	.035	28.03	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	59.94	19.98	.002	59.94	.03
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	4	153	17,000.22	111.11	.089	4250.06	9.87
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	82	671.80	8.19	.048	37.32	.39
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000		\$ .00
@XOVER EXCLUDING STATE HOSP**	353	1,260 \$	80,743.16	\$ 64.08	.732	228.73	\$ 46.89
@* TOTALS IN THESE LINES ARE CIVE	AGAGTO A DA ME	TE INFORMATION ITEM ONI.	v:				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,077
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----36 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 5,260.18 30.861 \$ 584.46 \$ @TOTAL, ALL PROVIDERS 9 1,111 \$ 4.73 146.12 43 367.07 8.54 1.194 \$ 61.18 \$ 10.20 @PHYSICIANS SERVICES .00 .00 .000 .00 .00 OUTPATIENT VISITS .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 0 .00 .000 .00 HOME VISITS 0 .00 .00 .000 .00 EMERGENCY ROOM .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 37.15 37.15 .028 37.15 1.03 OPHTHALMOLOGICAL SERVICES 37.15 37.15 .028 37.15 1.03 **EXAMINATIONS** SERVICES AND MATERIALS .00 .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.00		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.00	)	.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.00		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.00	)	.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.00	)	.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.00	)	.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.00	)	.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.00	)	.00		.00
DIALYSIS	0	0			.00		.00	.00	)	.00		.00
PATHOLOGY	2	10			167.19		16.72	.27	3	83.60		4.64
RADIOLOGY	0	0			.00		.00	.00	)	.00		.00
PSYCHIATRY	0	0			.00		.00	.00	)	.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.00	)	.00		.00
OTHER SERVICES/ALL X-OVERS	3	32			162.73		5.09	.88	9	54.24		4.52
@PHARMACY	2	7	\$		665.21	\$	95.03	.19	4 \$	332.61	\$	18.48
PRESCRIPTION DRUGS	2	7			665.21		95.03	.19	4	332.61		18.48
SNF/ICF	0	0			.00		.00	.00	)	.00		.00
OUTPATIENTS	2	7			665.21		95.03	.19	4	332.61		18.48
MEDICAL SUPPLIES	0	0			.00		.00	.00	)	.00		.00
@DENTIST	0	0	\$		.00	\$	.00	.00	) \$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.00	)	.00		.00
ORAL SURGERY	0	0			.00		.00	.00	)	.00		.00
DRUGS	0	0			.00		.00	.00	)	.00		.00
ANESTHESIA	0	0			.00		.00	.00	)	.00		.00
PERIODONTICS	0	0			.00		.00	.00	)	.00		.00
ENDODONTICS	0	0			.00		.00	.00	)	.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.00	)	.00		.00
PROSTHETICS	0	0			.00		.00	.00	)	.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.00	)	.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.00	)	.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.00	)	.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.00	)	.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.00	)	.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.00	)	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES	MONTH-OF-PA	YMENT RI	EPORT	FOR JAN	2003 THR	J DE	2003	P	AGE 10,078
MOP024	FEE-FOR-SERVICE	C/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	ALLY	NEEDY - BLI	ND							
									MON	THLY AVERA	GE	
36 ELIGIBLES	USERS	UNITS OF SERVIO	CE	EXPEND	ITURES	AVER	AGE COST	UNITS/D	AYS	COST PER		COST PER

						111111 111111111	
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'	r units/days	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$ .00	.000 \$		\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 s	3 .00	\$ .00	.000 \$		\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	n s	.00	\$ .00	.000 \$		\$ .00
NURSE ANESTHESIST	0	n s	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 5	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 ÷	.00	\$ .00	.000 \$	.00	\$ .00
	1	۰ ۲ کا ۱ کا	11.87		.028 \$		\$ .33
@TOTAL HOSPITAL	1	1 \$		\$ 11.87		11.87	•
HOSP INPATIENT TOTAL	0	Ü	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	11.87	11.87	.028	11.87	.33
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	11.87	11.87	.028	11.87	.33
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES N					PAGE 10,079
MOP024	FEE-FOR-SERVICE/		.01.111 01 1111111111111111111111111111		2000 111110 220	2000	01/29/04
PLUMAS COUNTY		CES FOR MEDICALLY N	JEEDY - BLIND				01,20,01
1 201110 0001111		.020 1 011 1120 1 01122 1			MONT	THIY AVERAG	E
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
30 111012112	OBERB	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	11.87	\$ 11.87	.028 \$	11.87	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	Û	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	11.87	11.87	.028	11.87	.33
MEDICAL.	0	0	11.67	11.07	000	11.07	.33

1

0

0

0

0

1

0

0

\$

0

0

0

0

1

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

11.87

.00

.00

.00

.00

.00

.00

.00

.00

\$

11.87

.000

.000

.000

.000

.000

.028

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

11.87

.00

.00

.00

.00

.00

.33

.00

.00

.00

CROSSOVERS/ALL OTH OUTPTNT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

DEVELOP. DISABLED

ROOM USE

@NURSING FACILITY	Ο	Λ	Ġ	.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00					
LEV B-KERAB MD	U	U				.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	5	\$	1,795.83	\$	359.17	.139	\$	598.61	\$	49.88
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	5		1,795.83		359.17	.139		598.61		49.88
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	.0	0
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$ .00	\$ .0	0
PATHOLOGY	0	0	.00		.00	.000	.00	.0	0
XO AND OTHERS	0	0	.00		.00	.000	.00	.0	0
@ORGANIZED OUTPATIENT CLINIC	3	9 \$	827.84	\$	91.98	.250	\$ 275.95	\$ 23.0	0
CLINIC	0	0	.00		.00	.000	.00	.0	0
SURGICENTER	0	0	.00		.00	.000	.00	.0	0
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.0	0
RURAL HEALTH CLINIC	3	9	827.84		91.98	.250	275.95	23.0	0
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE 10,	080
MOP024	FEE-FOR-SERVICE/DEN	ΓAL						01/29	/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - BLIND						

----- MONTHLY AVERAGE -----36 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 44.23 @ALL OTHER PROVIDERS 1.046 S 1,592.36 1.52 29.056 \$ 1592.36 \$ DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .000 0 Ω .00 . 00 . 00 HEARING AID DISPENSERS 0 Ω .00 .00 .000 .00 .00 1,044 1,553.40 1.49 29.000 1553.40 MEDICAL TRANSPORTATION 43.15 .00 AMBULANCES/AIR TRANS 0 .00 .00 1,553.40 1,044 43.15 OTHER TRANS .00 0 OTHER SERVICES .00 ACUPUNCTURE Ω .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING 0 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 OPTICIAN .00 PHYSICAL THERAPIST .00 PORTABLE X-RAY Ω .00 PROSTHETIST/ORTHOTISTS 38.96 1.08 38.96 1.08 PROSTHETICS ORTHOTICS . 00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES .00 0 EPSDT SUPPLEMENTAL SERVICE .00 RESPIRATORY CARE PRACT. 0 .00 0 PED SUBACUTE REHAB/WEANING .00 .000 ALL OTHER PROVIDERS .00 0 .000 \$ .00 \$ @CALIF. CHILDREN SERVICES\* .00 \$ .00 .00

@XOVER EXCLUDING STATE HOSP\*\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,081
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

2,009.39 \$

50.23

502.35 \$

55.82

1.111 \$

					MON	THLY AVERA	GE -	
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
551	12,239	\$	529,064.67	\$ 43.23	18.159	960.19	\$	784.96
99	318	\$	14,860.81	\$ 46.73	.472	150.11	\$	22.05
10	13		601.71	46.29	.019	60.17		.89
8	11		502.71	45.70	.016	62.84		.75
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
	551	OR DAYS OF CAR 551 12,239	OR DAYS OF CARE 551 12,239 \$	OR DAYS OF CARE  551 12,239 \$ 529,064.67  99 318 \$ 14,860.81  10 13 601.71  8 11 502.71  0 0 .00	OR DAYS OF CARE  551 12,239 529,064.67 43.23 99 318 14,860.81 46.73 10 13 601.71 46.29 8 11 502.71 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  551  12,239  529,064.67  99  318  14,860.81  46.73  472  10  13  601.71  46.29  016  0  0  0  0  0  00  00  00  00  00	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS         COST PER PER UNIT/DAY         COST PER USER           551         12,239         \$ 529,064.67         \$ 43.23         18.159         \$ 960.19           99         318         \$ 14,860.81         \$ 46.73         .472         \$ 150.11           10         13         601.71         46.29         .019         60.17           8         11         502.71         45.70         .016         62.84           0         0         .00         .00         .000         .00	USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OF COST DAYS OF CARE  OR DAYS OF CARE  551 12,239 \$ 529,064.67 \$ 43.23 18.159 \$ 960.19 \$ 99 318 \$ 14,860.81 \$ 46.73 .472 \$ 150.11 \$ 10 13 601.71 46.29 .019 60.17 8 11 502.71 45.70 .016 62.84 0 0 .00 .00 .00 .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0 0 2 28 27 1 0 0 0 47 14 1 32 19 13 0 6 0 8 55 0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00		.000	.00	.00
OTHER OUTPATIENT	2	2	99.00		.003	49.50	.15
INPATIENT VISITS	11	28	1,445.50		.042	131.41	2.14
HOSPITAL VISITS	11	27	1,323.90	49.03	.040	120.35	1.96
CRITICAL CARE	1	1	121.60	121.60	.001	121.60	.18
SNF/ICF/TRANS IP CARE	0	0	.00		.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.000	.00	.00
EXAMINATIONS	0	0	0.0	0.0	.000	.00	.00
SERVICES AND MATERIALS	0	Ô	.00	.00	.000	.00	.00
TNDATTENT HOSDITAL SUPCERV	o o	47	6,037.36	128.45	.070	670.82	8.96
DRINGIDAL CUDCEON	0	1.4	4,771.80		.021	596.48	7.08
ACCICTANT CIDCEON	0	1	374.53	274 52	.001	374.53	.56
ASSISIANI SURGEUN	1	3.2 T	891.03	374.53 27.84		297.01	
ANESIRESIOLOGISI	3	3 <i>4</i>		27.84	.047		1.32
OUTPATIENT SURGERY	1	19	1,044.19	34.90	.028	149.17	1.55
PRINCIPAL SURGEON	6	13	792.85		.019	132.14	1.18
ASSISTANT SURGEON	Ü	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	6	251.34		.009	125.67	.37
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	8	393.01	17.13	.012	393.01	.58
RADIOLOGY	27	55	1,551.20		.082	57.45	2.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	70	148	3,787.84	25.59	.220	54.11	5.62
@PHARMACY	418	8,927	\$ 196,679.17	\$ 22.03	13.245	\$ 470.52	\$ 291.81
PRESCRIPTION DRUGS	412	1,773	194,577.39	109.74	2.631	472.28	288.69
SNE/ICE	40	282	20,564.08		.418	514.10	30.51
OUTPATIENTS	372	1,491	174,013.31		2.212	467.78	258.18
MEDICAL SUDDITES	16	_'	2,101.78		10.614	131.36	3.12
@DENTIST	8	7,131	\$ 2,378.00		.033		
VICITO - DIACMOCTIC	5	7	155.00		.010	31.00	.23
ODAI CUDCEDV	2	10	363.00		.015	121.00	.54
DRICC	5	10	.00		.000	.00	.00
DRUGO	0	0	.00	.00	.000	.00	.00
ANESIRESIA	0	0	.00	.00		.00	
PERIODONTICS	0	0	• 0 0	.00	.000		.00
ENDODONTICS	U	U	.00		.000	.00	.00
RESTORATIVE DENTISTRY	1	1	60.00		.001	60.00	.09
PROSTHETICS	0	7,154 22 7 10 0 0 0 1 0 4 0 0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4	1,800.00	450.00	.006	900.00	2.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	Ü	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-PAYMENT H	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 10,082
PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MEDICALL	Y NEEDY - DISABLED				
					MOI	NTHLY AVERA	GE
674 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	23		\$ 1,315.03	\$ 19.06	.102		_
DIAGNOGHIG AND ANG DROGED	23	4	150 26		.102		

							191	OIA	TITLI AVEKA	.010	
674 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	23	69	\$	1,315.03	\$	19.06	.102	\$	57.18	\$	1.95
DIAGNOSTIC AND ANC. PROCED	4	4		150.36		37.59	.006		37.59		.22
EYE APPLIANCES	17	53		883.37		16.67	.079		51.96		1.31
OTHER OPTOMETRIC SERVICES	7	12		281.30		23.44	.018		40.19		.42
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

DADIO /DAMIOLOGIA	0	0		0.0		0.0	000		0.0		0.0
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00	_	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	17	\$	169.93	\$	10.00	.025	\$	169.93	\$	.25
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	125	664	\$	100,877.28	\$	151.92	.985	\$	807.02	\$	149.67
HOSP INPATIENT TOTAL	19	108		87,686.89	•	811.92	.160		4615.10		130.10
HSC HOSPITALS	3	25		40,630.00		1625.20	.037		13543.33		60.28
NON-HSC HOSPITAL TOTAL	5	15		37,570.90		2504.73	.022		7514.18		55.74
ACCOMMODATIONS	5	15		13,604.78		906.99	.022		2720.96		20.19
	5	0				.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00			.000				
TRANSITIONAL IP CARE	Ū.			.00		.00			.00		.00
ALL OTHER ACCOM	5	15		13,604.78		906.99	.022		2720.96		20.19
ANCILLARIES	5	0		23,966.12		.00	.000		4793.22		35.56
INPATIENT CROSSOVERS	12	68		9,485.99		139.50	.101		790.50		14.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	112	556		13,190.39		23.72	.825		117.77		19.57
MEDICAL	19	43		1,947.65		45.29	.064		102.51		2.89
SURGERY	3	3		563.54		187.85	.004		187.85		.84
PATHOLOGY	21	112		1,185.86		10.59	.166		56.47		1.76
RADIOLOGY	18	29		2,436.18		84.01	.043		135.34		3.61
ROOM USE	24	39		1,720.15		44.11	.058		71.67		2.55
CROSSOVERS/ALL OTH OUTPTNT	90	330		5,337.01		16.17	.490		59.30		7.92
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	بي	.00	\$	.00
	0	0	Ą		Ą			Ą		Ą	
CO HOSPITAL INPATIENT TOTAL	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	Ô		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ROOM USE	•										.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	D=0	.00	_	.00
#CALIF DEPT OF HEALTH SERV			S M	ONTH-OF-PAYMENT RE	:POR.	FOR JAN	2003 THRU	DEC	2003	Ρ.	AGE 10,083
MOP024	FEE-FOR-SERVICE,										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MEDICALI	Y N	EEDY - DISABLED			_				
									HLY AVERA		
674 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PEF		PER ELIC	1	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	125	664	\$	100,877.28	\$	151.92	.985	\$	807.02	\$	149.67
COMM HOSP INPATIENT TOTAL	19	108		87,686.89		811.92	.160		4615.10		130.10
HSC HOSPITALS	3	25		40,630.00		1625.20	.037		13543.33		60.28
NON-HSC HOSPITALS TOTAL	5	15		37,570.90		2504.73	.022		7514.18		55.74
ACCOMMODATIONS	5	15		13,604.78		906.99	.022		2720.96		20.19
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5 5	15		13,604.78		906.99	.022		2720.96		20.19
	5 5										
ANCILLARIES		0		23,966.12		.00	.000		4793.22		35.56
INPATIENT CROSSOVERS	12	68		9,485.99		139.50	.101		790.50		14.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	112	556		13,190.3		23.72	.825		117.77		19.57
MEDICAL	19	43		1,947.6		45.29	.064		102.51		2.89
SURGERY	3	3		563.5		187.85	.004		187.85		.84
PATHOLOGY	21	112		1,185.8		10.59	.166		56.47		1.76
RADIOLOGY	18	29		2,436.1		84.01	.043		135.34		3.61
ROOM USE	24	39		1,720.1		44.11	.058		71.67		2.55
CROSSOVERS/ALL OTH OUTPTNT	90	330		5,337.0	1	16.17	.490		59.30		7.92
@STATE HOSPITAL	0	0	\$	.0		\$ .00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.0	0	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.0		.00	.000		.00		.00
@NURSING FACILITY	44	1,149	\$	159,325.5	5 :	\$ 138.66	1.705	\$	3621.04	\$	236.39
LEV A-INTERMEDIATE	0	0		.0	0	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.0	0	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.0	0	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.0	0	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.0	0	.00	.000		.00		.00
LEV B-REGULAR	44	1,149		159,325.5	55	138.66	1.705		3621.04		236.39
@INTERMEDIATE CARE FACILDD	0	0	\$	.0	0 :	\$ .00	.000	\$	.00	\$	.00
ICF DDH	0	0		.0		.00	.000	·	.00	•	.00
ICF DD	0	0		.0	0	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.0	0	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.0	0 :	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.0	0	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.0	0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.0	0 :	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.0	0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.0	0	.00	.000		.00		.00
@LABORATORY FACILITY	7	23	\$	395.4		\$ 17.19	.034	\$	56.50	\$	.59
PATHOLOGY	7	23	•	395.4	.7	17.19	.034		56.50		.59
XO AND OTHERS	0	0		.0	0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	167	275	\$	24,949.2	15	\$ 90.72	.408	\$	149.40	\$	37.02
CLINIC	1	1		109.0		109.03	.001	•	109.03		.16
SURGICENTER	2	7		309.7	7	44.25	.010		154.89		.46
HEROIN DETOX CLINIC	0	0		.0	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	165	267		24,530.4		91.87	.396		148.67		36.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES			ORT FOR JAN	2003 THRU	DEC	2003	PI	AGE 10,084
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R MEDIC	ALLY	NEEDY - DISABLED	)						, -,
							M	ONT	HLY AVERA	GE -	
CDA DI TOTDI DO	TIGED G INTERES		~=								TOOM DED

							<u>-</u>
674 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	54	775 \$	28,114.18	\$ 36.28	1.150 \$	520.63	\$ 41.71
DURABLE MED. EQUIP.	5	71	10,401.02	146.49	.105	2080.20	15.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	449	12,623.07	28.11	.666	901.65	18.73
AMBULANCES/AIR TRANS	11	402	6,353.70	15.81	.596	577.61	9.43
OTHER TRANS	1	2	18.54	9.27	.003	18.54	.03
OTHER SERVICES	6	45	6,250.83	138.91	.067	1041.81	9.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	44	552.41	12.55	.065	29.07	.82
PHYSICAL THERAPIST	1	14	220.18	15.73	.021	220.18	.33
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	8	1,026.80	128.35	.012	513.40	1.52
PROSTHETICS	2	8	1,026.80	128.35	.012	513.40	1.52
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	158	1,965.48	12.44	.234	245.69	2.92
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	30	1,220.22	40.67	.045	152.53	1.81
@CALIF. CHILDREN SERVICES*	8	119	\$ 40,534.92	\$ 340.63	.177	\$ 5066.87	\$ 60.14
@XOVER EXCLUDING STATE HOSP**	137	6,341	\$ 26,147.26	\$ 4.12	9.408	\$ 190.86	\$ 38.79

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 10,085 01/29/04

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

12,181 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	298	867	\$	20,432.65	\$	23.57	.071	\$	68.57	\$	1.68
DIAGNOSTIC AND ANC. PROCED	220 218	227 620		9,756.47 10,399.63		42.98 16.77	.019 .051		44.35 47.70		.80 .85
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	15	20		276.55		13.83	.002		18.44		.02
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.002	Ġ	16.72	Ś	.00
VISITS	1	1	Ÿ	16.72	Ų	16.72	.000	Ÿ	16.72	Ÿ	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	7	\$	405.72	\$	57.96		\$	101.43	Ś	.03
MEDICINE/INJECTIONS	1	í	٧	57.20	~	57.20	.000	~	57.20	۲	.00
SURGERY/ANES.	1	1		92.63		92.63	.000		92.63		.01
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	2	3		221.29		73.76	.000		110.65		.02
@HOME HEALTH AGENCY	12	56	\$	3,633.42	\$	64.88	.005	\$	302.79	\$	.30
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	3	\$	25.23	\$	8.41	.000	\$	25.23	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,685	8,002	\$	1,285,500.20	\$	160.65	.657	\$	762.91	\$	105.53
HOSP INPATIENT TOTAL	112	576		1,048,435.22		1820.20	.047		9361.03		86.07
HSC HOSPITALS	18	91		127,040.00		1396.04	.007		7057.78		10.43
NON-HSC HOSPITAL TOTAL	100	485		921,395.22		1899.78	.040		9213.95		75.64
ACCOMMODATIONS	99	485		346,215.54		713.85	.040		3497.13		28.42
ADMINISTRATIVE DAYS	1 0	13		3,006.90		231.30	.001		3006.90		. 25
TRANSITIONAL IP CARE	99	0 472		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	99	0		343,208.64 575,179.68		727.14 .00	.039		3466.75 5809.90		28.18 47.22
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,633	7,426		237,064.98		31.92	.610		145.17		19.46
MEDICAL	909	1,310		62,773.24		47.92	.108		69.06		5.15
SURGERY	145	182		20,103.31		110.46	.015		138.64		1.65
PATHOLOGY	684	2,428		26,136.72		10.76	.199		38.21		2.15
RADIOLOGY	477	728		53,181.56		73.05	.060		111.49		4.37
ROOM USE	964	1,319		51,667.40		39.17	.108		53.60		4.24
CROSSOVERS/ALL OTH OUTPTNT	624	1,459		23,202.75		15.90	.120		37.18		1.90
@COUNTY HOSPITAL TOTAL	3	23	\$	576.64	\$	25.07	.002	\$	192.21	\$	.05
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0 0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	23		576.64		25.07	.002		192.21		.05
MEDICAL	1	1		7.82		7.82	.000		7.82		.00
SURGERY	1	2		57.32		28.66	.000		57.32		.00
PATHOLOGY	2	10		164.78		16.48	.001		82.39		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	4		246.39		61.60	.000		123.20		.02
CROSSOVERS/ALL OTH OUTPTNT	3	6		100.33		16.72	.000		33.44		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 10,087
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY I	NEEDY - FAMILIES							
10 101 ELIGIBLES	HOEDO	IINITEO OE GERITO	,	EADEMDIMIDES	71.77	EDACE COCT	M				
12,181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST R UNIT/DAY			COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,682	7,979	\$	1,284,923.56	\$	161.04	.655		763.93		105.49
	1,002	.,513	~	1,201,525.50	~		.033	~	,03.73	Υ	

COMM HOSP INPATIENT TOTAL	112	576		1,048,435.22		1820.20	.047		9361.03		86.07
HSC HOSPITALS	18	91		127,040.00		1396.04	.007		7057.78		10.43
NON-HSC HOSPITALS TOTAL	100	485		921,395.22		1899.78	.040		9213.95		75.64
ACCOMMODATIONS	99	485		346,215.54		713.85	.040		3497.13		28.42
ADMINISTRATIVE DAYS	1	13		3,006.90		231.30	.001		3006.90		. 25
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	99	472		343,208.64		727.14	.039		3466.75		28.18
	99	4/2				.00	.000		5809.90		47.22
ANCILLARIES	0	0		575,179.68							
INPATIENT CROSSOVERS	-			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,630	7,403		236,488.34		31.94	.608		145.08		19.41
MEDICAL	908	1,309		62,765.42		47.95	.107		69.12		5.15
SURGERY	144	180		20,045.99		111.37	.015		139.21		1.65
PATHOLOGY	682	2,418		25,971.94		10.74	.199		38.08		2.13
RADIOLOGY	477	728		53,181.56		73.05	.060		111.49		4.37
ROOM USE	962	1,315		51,421.01		39.10	.108		53.45		4.22
CROSSOVERS/ALL OTH OUTPINT	621	1,453		23,102.42		15.90	.119		37.20		1.90
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	Ŏ		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0		.00		.00	.000		.00		.00
ICF DD	0	0									
ICF DDN/DDCN	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	4.	.00	4.	.00	.000		.00	4.	.00
@REHABILITATION FACILITY	6	117	\$	3,614.38	\$	30.89	.010	\$		\$	.30
HOSPITAL BASED	6	117		3,614.38		30.89	.010		602.40		.30
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	245	502	\$	9,406.11	\$	18.74	.041	\$	38.39	\$	.77
PATHOLOGY	245	502		9,406.11		18.74	.041		38.39		.77
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,999	4,824	\$	735,727.40	\$	152.51	.396	\$	245.32	\$	60.40
CLINIC	35	120		6,469.47		53.91	.010		184.84		.53
SURGICENTER	1	2		19.00		9.50	.000		19.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,971	4,702		729,238.93		155.09	.386		245.45		59.87
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT F	REPORT			DEC		P	AGE 10,088
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY		ICES FOR MEDICAL	T.Y	NEEDY - FAMILIES							01/25/01
Thomas Cookii	Bornanci or Blice	TODO TOR TRESTORIA					M	ONT	HIY AVERA	GE	
12,181 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	2/17/1	TRACE COST	UNITS/DAY				COST PER
12,101 EDIGIDLES	OBERB	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	756	4,269	\$	100,029.40	\$	23.43	.350		132.31		8.21
DURABLE MED. EQUIP.	14	4,209	Ą	100,029.40	Ą	391.26	.002	Ą	726.62	ų	.84
BLOOD BANK	0	0		.00		.00	.002		.00		.00
	1	2									.00
HEARING AID DISPENSERS		1 026		99.19		49.60	.000		99.19		.01

1,936 1,919

0

17

0

61

0

16

0

MEDICAL TRANSPORTATION

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

AMBULANCES/AIR TRANS

57,548.29

29,256.89

28,291.40

.00

.00

29.73

15.25

1664.20

.00

.00

.159

.158

.000

.001

.000

899.19

.00

.00

479.62

1768.21

4.72

2.40

.00

2.32

.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	23	23	2,415.00	105.00	.002	105.00	.20
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	206	431	4,402.03	10.21	.035	21.37	.36
PHYSICAL THERAPIST	26	115	1,925.16	16.74	.009	74.04	.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	5	661.91	132.38	.000	661.91	.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	5	661.91	132.38	.000	661.91	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	199.18	49.80	.000	99.59	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	399	1,582	19,102.77	12.08	.130	47.88	1.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30	145	3,503.22	24.16	.012	116.77	.29
@CALIF. CHILDREN SERVICES*	38	447	\$ 150,106.92	\$ 335.81	.037	\$ 3950.18	\$ 12.32
@XOVER EXCLUDING STATE HOSP**	23	51	\$ 954.77	\$ 18.72	.004	\$ 41.51	\$ .08

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 10,089

01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PLUMAS COUNTI	SUMMARI OF SER	VICES FOR MEDICALLI N	EEDI - IOIAL				
					MON		
14,613 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8,131	85,244 \$	8,731,173.21	\$ 102.43	5.833 \$		
@PHYSICIANS SERVICES	1,088	3,197 \$	138,950.10	\$ 43.46	.219 \$	127.71	\$ 9.51
OUTPATIENT VISITS	201	247	11,531.78	46.69	.017	57.37	.79
OFFICE VISITS	130	149	6,372.72	42.77	.010	49.02	.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	43	47	2,641.49	56.20	.003	61.43	.18
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.00
OB VISITS/COMPRE PERI	12	33	1,812.31	54.92	.002	151.03	.12
OTHER OUTPATIENT	17	17	639.48	37.62	.001	37.62	.04
INPATIENT VISITS	97	474	26,754.44	56.44	.032	275.82	1.83
HOSPITAL VISITS	91	374	15,300.44	40.91	.026	168.14	1.05
CRITICAL CARE	10	100	11,454.00	114.54	.007	1145.40	.78
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	83.59	41.80	.000	41.80	.01
EXAMINATIONS	2	2	83.59	41.80	.000	41.80	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	81	434	40,613.04	93.58	.030	501.40	2.78
PRINCIPAL SURGEON	63	101	33,548.65	332.16	.007	532.52	2.30
ASSISTANT SURGEON	8	8	1,396.38	174.55	.001	174.55	.10
ANESTHESIOLOGIST	22	325	5,668.01	17.44	.022	257.64	.39
OUTPATIENT SURGERY	75	242	16,422.33	67.86	.017	218.96	1.12
PRINCIPAL SURGEON	61	87	13,048.42	149.98	.006	213.91	.89
ASSISTANT SURGEON	2	2	173.50	86.75	.000	86.75	.01
ANESTHESIOLOGIST	23	153	3,200.41	20.92	.010	139.15	.22
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	117	218	8,360.29	38.35	.015	71.46	.57
RADIOLOGY	517	786	19,103.29	24.30	.054	36.95	1.31
PSYCHIATRY	4	4	293.16	73.29	.000	73.29	.02
IMMUNIZATION AND INJECTION	4	13	215.87	16.61	.001	53.97	.01
OTHER SERVICES/ALL X-OVERS	280	777	15,572.31	20.04	.053	55.62	1.07

@PHARMACY	4,811	24,234	\$ 1,069,933.58	\$ 44.15	1.658	\$ 222.39	\$ 73.22
PRESCRIPTION DRUGS	4,782	15,350	974,184.44	63.46	1.050	203.72	66.67
SNF/ICF	857	4,930	296,219.81	60.09	.337	345.65	20.27
OUTPATIENTS	3,934	10,420	677,964.63	65.06	.713	172.33	46.39
MEDICAL SUPPLIES	64	8,884	95,749.14	10.78	.608	1496.08	6.55
@DENTIST	99	457	\$ 23,715.00	\$ 51.89	.031	\$ 239.55	\$ 1.62
VISITS - DIAGNOSTIC	70	199	3,775.00	18.97	.014	53.93	.26
ORAL SURGERY	23	71	6,100.75	85.93	.005	265.25	.42
DRUGS	5	6	150.00	25.00	.000	30.00	.01
ANESTHESIA	11	11	1,000.00	90.91	.001	90.91	.07
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.01
ENDODONTICS	8	18	2,244.00	124.67	.001	280.50	.15
RESTORATIVE DENTISTRY	25	134	6,354.25	47.42	.009	254.17	.43
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	9	3,315.00	368.33	.001	552.50	.23
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.01

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 FRACTURES, DISLOCATIONS .00 ORTHODONTIC SERVICES 5 5 315.00 63.00 .000 63.00 .02 2 ALL OTHER SERVICES 75.00 50.00 3 150.00 .000 .01

PAGE 10,090 01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	ıLY IV.	EEDY - IOIAL						~=	
14 612 51 53 51	11077								HLY AVERA	ŒΕ	
14,613 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
	2.55	OR DAYS OF CARE		04 011 00		R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	365 228	1,072	\$	24,911.99	\$	23.24	.073	Ş	68.25	Ş	1.70
DIAGNOSTIC AND ANC. PROCED	228	235		10,179.61		43.32	.016		44.65		.70
EYE APPLIANCES	∠66	773		13,764.87		17.81	.053		51.75		.94
OTHER OPTOMETRIC SERVICES	38	64		967.51		15.12	.004		25.46		.07
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$	.00
VISITS	1	1		16.72		16.72	.000		16.72		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	12	\$	452.72	\$	37.73	.001	\$	50.30	\$	.03
MEDICINE/INJECTIONS	1	1		57.20		57.20	.000		57.20		.00
SURGERY/ANES.	1 1 7 12	1 2		92.63		92.63	.000		92.63		.01
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	7	8		268.29		33.54	.001		38.33		.02
@HOME HEALTH AGENCY	12	56	\$	3,633.42	\$	64.88	.004	\$	302.79	\$	.25
NURSE ANESTHESIST	1	17	\$	169.93	\$	10.00	.001	Ė	169.93	\$	.01
NURSE MIDWIFE	1	3	\$	25.23	\$	8.41	.000		25.23	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	Š	.00	.000		.00		.00
@TOTAL HOSPITAL	1,990	9,417	\$		Š	149.70	.644		708.42		96.47
HOSP INPATIENT TOTAL	152	757	Υ	1,152,105.70	~	1521.94	.052	~	7579.64	٧	78.84
HSC HOSPITALS	21	116		167,670.00		1445.43	.008		7984.29		11.47
NON-HSC HOSPITAL TOTAL	105	500		958,966.12		1917.93	.034		9133.01		65.62
ACCOMMODATIONS	103	500		359,820.32		719.64	.034		3459.81		24.62
ACCOMMODATIONS ADMINISTRATIVE DAYS	104	13		3,006.90		231.30	.001		3006.90		.21
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	104	487		356,813.42		732.68	.033		3430.90		24.42
	104	0		•		.00	.000				41.00
ANCILLARIES				599,145.80					5761.02		
INPATIENT CROSSOVERS	33	141		25,469.58		180.64	.010		771.81		1.74
ALL OTHER INPATIENT	0 1,915	0		.00		.00	.000		.00		.00
		8,660		257,642.37		29.75	.593		134.54		17.63
MEDICAL	928	1,353		64,720.89		47.84	.093		69.74		4.43
SURGERY	148	185		20,666.85		111./1	.013		139.64		1.41
PATHOLOGY	707	2,543		27,363.02		111.71 10.76 73.33	.174		38.70		1.87
RADIOLOGY	496	759		33,030.11			.052		112.21		3.81
ROOM USE	989	1,359		53,420.66		39.31	.093		54.01		3.66
CROSSOVERS/ALL OTH OUTPTNT		2,461		35,814.51		14.55	.168		40.61		2.45
@COUNTY HOSPITAL TOTAL	3	23	\$	576.64	\$	25.07	.002	\$	192.21	\$	.04
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	23		576.64		25.07	.002		192.21		.04
MEDICAL	1	1		7.82		7.82	.000		7.82		.00
SURGERY	1	2		57.32		28.66	.000		57.32		.00
PATHOLOGY	2	10		164.78		16.48	.001		82.39		.01

RADIOLOGY 0 0 .000 .00 .00 .00 .00 2 123.20 ROOM USE 4 246.39 61.60 .000 .02 .01 CROSSOVERS/ALL OTH OUTPTNT 3 6 100.33 16.72 .000 33.44 PAGE 10,091 01/29/04 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 EFF FOD CFDVICE/DFNTAI

MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEE	DY - TOTAL								
								- N	ГИОР	THLY AVERA	GE	
14,613 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST				COST PER		COST PER
,		OR DAYS OF CARE				UNIT/DAY				USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,987	9,394 \$		1,409,171.43	\$				\$	709.20	Ś	96.43
COMM HOSP INPATIENT TOTAL	152	757		1,152,105.70		1521.94		52	Ψ.	7579.64	Υ.	78.84
HSC HOSPITALS	21	116		167,670.00		1445.43		08		7984.29		11.47
NON-HSC HOSPITALS TOTAL	105	500		958,966.12		1917.93	.0			9133.01		65.62
ACCOMMODATIONS	104	500		359,820.32		719.64	.0			3459.81		24.62
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	13		3,006.90		231.30		01		3006.90		.21
TRANSITIONAL IP CARE	0	0		.00		.00		00		.00		.00
	104	487		356,813.42		732.68		33		3430.90		24.42
ALL OTHER ACCOM	104	407										
ANCILLARIES				599,145.80		.00		00		5761.02		41.00
INPATIENT CROSSOVERS	33	141		25,469.58		180.64		10		771.81		1.74
ALL OTHER INPATIENT	0	0		.00		.00		00		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,912	8,637		257,065.73		29.76		91		134.45		17.59
MEDICAL	927	1,352		64,713.07		47.86		93		69.81		4.43
SURGERY	147	183		20,609.53		112.62		13		140.20		1.41
PATHOLOGY	705	2,533		27,198.24		10.74		73		38.58		1.86
RADIOLOGY	496	759		55,656.44		73.33		52		112.21		3.81
ROOM USE	987	1,355		53,174.27		39.24		93		53.87		3.64
CROSSOVERS/ALL OTH OUTPTNT	879	2,455		35,714.18		14.55	.1			40.63		2.44
@STATE HOSPITAL	0	0 \$		.00	\$	.00			\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.0	00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.0	00		.00		.00
@NURSING FACILITY	1,075	33,425 \$		5,085,668.81	\$	152.15	2.2		\$	4730.85	\$	348.02
LEV A-INTERMEDIATE	0	0		.00		.00	.0	00		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.0	00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.0	00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.0	00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.0	00		.00		.00
LEV B-REGULAR	0 1,075	33,425		5,085,668.81		152.15	2.2			4730.85		348.02
@INTERMEDIATE CARE FACILDD	, 0	0 \$		.00	\$	.00			\$	.00	\$	.00
ICF DDH	0	0		.00	•	.00	. 0			.00	•	.00
ICF DD	0	0		.00		.00		00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		00		.00		.00
@HEMODIALYSIS TOTAL	5	8 \$		2,511.73	\$	313.97		01	\$	502.35	\$	.17
HOSPITAL BASED	0	0		.00	τ	.00		00	Ψ.	.00	Ψ.	.00
HEMODIALYSIS CENTER	5	8		2,511.73		313.97	.0			502.35		.17
@REHABILITATION FACILITY	6	117 \$		3,614.38	\$	30.89		08	\$	602.40	Ś	.25
HOSPITAL BASED	6	117		3,614.38	Ÿ	30.89		08	Y	602.40	Ÿ	.25
INDEPENDENT FACILITY	0	0		.00		.00		00		.00		.00
@LABORATORY FACILITY	253	526 \$		9,861.83	\$	18.75			\$	38.98	\$	.67
PATHOLOGY	252	525		9,801.58	Ą	18.67		36	Ą	38.90	Ą	.67
XO AND OTHERS	1	1		60.25		60.25		00		60.25		.00
	3,457	<del>-</del>			4	142.05			4	230.51	4	
@ORGANIZED OUTPATIENT CLINIC	•	5,610 \$		796,880.50	\$				\$	182.74	Ş	54.53
CLINIC	36 3	121		6,578.50		54.37		08				.45
SURGICENTER		9		328.77		36.53		01		109.59		.02
HEROIN DETOX CLINIC	0			.00		.00		00		.00		.00
RURAL HEALTH CLINIC	3,427	5,480		789,973.23		144.16	.3			230.51	_	54.06
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MON	ITH-OF-PAYMENT R	EPORT	FOR JAN	2003 TH	KŰ	DEC	2003	F	PAGE 10,092
MOP024	FEE-FOR-SERVICE	DENTAL										01/29/04

14,613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PLUMAS COUNTY

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	902	7,092	\$ 161,079.20	\$ 22.71	.485	\$ 178.58	\$ 11.02
DURABLE MED. EQUIP.	25	113	22,597.89	199.98	.008	903.92	1.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	11	1,628.55	148.05	.001	162.86	.11
MEDICAL TRANSPORTATION	108	4,107	81,053.79	19.74	.281	750.50	5.55
AMBULANCES/AIR TRANS	74	2,398	37,143.15	15.49	.164	501.93	2.54
OTHER TRANS	22	1,349	2,892.45	2.14	.092	131.48	.20
OTHER SERVICES	34	360	41,018.19	113.94	.025	1206.42	2.81
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	24	24	2,520.00	105.00	.002	105.00	.17
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	251	536	5,683.13	10.60	.037	22.64	.39
PHYSICAL THERAPIST	27	129	2,145.34	16.63	.009	79.46	.15
PORTABLE X-RAY	1	3	59.94	19.98	.000	59.94	.00
PROSTHETIST/ORTHOTISTS	4	15	1,727.67	115.18	.001	431.92	.12
PROSTHETICS	3	10	1,065.76	106.58	.001	355.25	.07
ORTHOTICS	1	5	661.91	132.38	.000	661.91	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	199.18	49.80	.000	99.59	.01
HOSPICE SERVICES	4	153	17,000.22	111.11	.010	4250.06	1.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	407	1,740	21,068.25	12.11	.119	51.76	1.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	56	257	5,395.24	20.99	.018	96.34	.37
@CALIF. CHILDREN SERVICES*	46	566	\$ 190,641.84	\$ 336.82	.039	\$ 4144.39	\$ 13.05
@XOVER EXCLUDING STATE HOSP**	517	7,692	\$ 109,854.58	\$ 14.28	.526	\$ 212.48	\$ 7.52

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,093 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----948 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 524 1,812 133,059.94 \$ 73.43 1.911 \$ 253.93 \$ 140.36 77 @PHYSICIANS SERVICES 160 8,067.59 50.42 .169 \$ 104.77 \$ 8.51 OUTPATIENT VISITS 29 31 1,520.07 49.03 .033 52.42 1.60 OFFICE VISITS 25 27 1,154.50 42.76 .028 46.18 1.22 HOME VISITS 0 .00 .00 .000 .00 .00 112.95 56.48 .002 56.48 EMERGENCY ROOM .12 .00 .00 .000 .00 PREVENTIVE CARE 252.62 OB VISITS/COMPRE PERI 126.31 .002 126.31 .27 .00 .00 .00 OTHER OUTPATIENT 0 .000 .00 INPATIENT VISITS 20 869.52 43.48 .021 144.92 .92 HOSPITAL VISITS 20 869.52 43.48 .021 144.92 .92 .00 .00 CRITICAL CARE 0 .00 .000 .00 SNF/ICF/TRANS IP CARE 0 .00 .00 .00 .00 .000 OPHTHALMOLOGICAL SERVICES 0 .00 .00 .000 .00 .00 .00 **EXAMINATIONS** 0 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 20 2,519.00 125.95 .021 629.75 2.66 725.71 PRINCIPAL SURGEON 3 2,177.12 .003 725.71 2.30 .00 Ω .000 ASSISTANT SURGEON .00 .00 .00 ANESTHESIOLOGIST 17 341.88 20.11 .018 170.94 .36

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

PRINCIPAL SURGEON 3 3 3 672.09 224.03 .003 224.03 .71 ASSISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 2 11 255.41 23.22 .012 127.71 .27 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	OUTPATIENT SURGERY	5	14		927.50		66.25	.015		185.50		.98
ANESTHESIOLOGIST 2 11 255.41 23.22 .0.12 127.71 .27 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 14 20 441.56 22.08 .0.21 31.54 .47 RADIOLOGY 36 49 1.581.17 32.27 .0.52 43.92 1.67 PSYCHIATRY 1 1 73.29 73.29 .001 73.29 .08 IMMUNIZATION AND INJECTION 2 2 2 12.42 6.21 .002 6.21 .01 OTHER SERVICES/ALL X-OVERS 3 3 123.06 41.02 .003 41.02 .13 @PHARMACY 213 363 \$12,969.68 \$35.73 .383 \$60.89 \$13.68 PRESCRIPTION DRUGS 212 362 12,960.28 35.80 .382 61.13 13.67 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 212 362 12,960.28 35.80 .382 61.13 13.67 MEDICAL SUPPLIES 1 1 1 2 9.02.88 35.80 .382 61.13 13.67 MEDICAL SUPPLIES 1 1 1 9.40 9.40 .011 9.40 .011 @DENTIST 4 26 \$ 942.00 \$36.23 .027 \$235.50 \$ .99 VISITS - DIAGNOSTIC 4 21 312.00 14.86 .022 78.00 .33 ORAL SURGERY 1 4 530.00 132.50 .004 530.00 .56 DRUGS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	3	3		672.09		224.03	.003		224.03		.71
DIALYSIS	ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
PATHOLOGY 14 20 441.56 22.08 .021 31.54 .47 RADIOLOGY 36 49 1.581.17 32.27 .052 43.92 1.67 PSYCHIATRY 1 1 73.29 73.29 73.29 .001 73.29 .08 IMMUNIZATION AND INJECTION 2 2 2 12.42 6.21 .002 6.21 .01 OTHER SERVICES/ALL X-OVERS 3 3 .123.06 41.02 .003 41.02 .13 @PHARMACY 213 363 \$ 12.969.68 \$ 35.73 .383 \$ 60.89 \$ 13.68 PRESCRIPTION DRUGS 212 362 12.960.28 35.80 .382 61.13 13.67 SNF/LCF 0 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 212 362 12.960.28 35.80 .382 61.13 13.67 MEDICAL SUPPLIES 1 1 1 9.40 9.40 .01 @DENTIST 4 2 26 \$ 942.00 \$ 36.23 .027 \$ 235.50 \$ .99 VISITS - DIAGNOSTIC 4 21 312.00 14.86 .022 78.00 .33 ORAL SURGERY 1 4 530.00 132.50 .004 530.00 .56 DRUGS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIOLOGIST	2	11		255.41		23.22	.012		127.71		.27
RADIOLOGY 36 49 1,581.17 32.27 .052 43.92 1.67 PSYCHIATRY 1 1 1 73.29 73.29 .001 73.29 .08 IMMUNIZATION AND INJECTION 2 2 12.42 6.21 .002 6.21 .01 OTHER SERVICES/ALL X-OVERS 3 3 123.06 41.02 .003 41.02 .13 @PHARMACY 213 363 \$ 12.969.68 \$ 35.73 .383 \$ 60.89 \$ 13.68 PRESCRIPTION DRUGS 212 362 12.960.28 35.80 .382 61.13 13.67 SNF/ICF 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 OUTPATIENTS 212 362 12.960.28 35.80 .382 61.13 13.67 MEDICAL SUPPLIES 1 1 1 9.40 9.40 .001 9.40 .01 @DENTIST 4 26 \$ 942.00 \$ 36.23 .027 \$ 235.50 \$ .99 VISITS - DIAGNOSTIC 4 21 312.00 14.86 .022 78.00 .33 ORAL SURGERY 1 4 21 312.00 14.86 .022 78.00 .33 ORAL SURGERY 1 1 1 1 100.00 100.00 .00 .00 .00 ANESTHESIA 1 1 1 100.00 100.00 .00 .00 .00 ANESTHESIA 1 1 1 100.00 100.00 .00 .00 .00 RESTORATIVE DENTISTRY 0 0 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 0 0 0 0 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	DIALYSIS	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	PATHOLOGY	14	20		441.56		22.08	.021		31.54		.47
IMMUNIZATION AND INJECTION   2   2   12.42   6.21   .002   6.21   .01   .01   .01   .01   .02   .03   .02   .03   .02   .03	RADIOLOGY	36	49		1,581.17		32.27	.052		43.92		1.67
OTHER SERVICES/ALL X-OVERS 3 3 3 123.06 41.02 .003 41.02 .13  @PHARMACY 213 363 \$ 12,969.68 \$ 35.73 .383 \$ 60.89 \$ 13.68  PRESCRIPTION DRUGS 212 362 12,960.28 35.80 .382 61.13 13.67  SNF/ICF 0 0 0 0 .00 .00 .00 .00 .00 .00 .00  OUTPATIENTS 212 362 12,960.28 35.80 .382 61.13 13.67  MEDICAL SUPPLIES 1 1 1 9.40 9.40 .001 9.40 .001  @DENTIST 4 26 \$ 942.00 \$ 36.23 .027 \$ 235.50 \$ .99  VISITS - DIAGNOSTIC 4 21 312.00 14.86 .022 78.00 .33  ORAL SURGERY 1 4 4 530.00 132.50 .004 530.00 .36  DRUGS 0 0 0 0 .00 .00 .00 .00 .00  ANESTHESIA 1 1 1 1 100.00 100.00 .001 100.00 .11  PERIODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00  ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00  ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00  ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00  ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00  ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00  ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00  ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	PSYCHIATRY	1	1		73.29		73.29	.001		73.29		.08
@PHARMACY         213         363         \$         12,969.68         \$ 35.73         .383         \$ 60.89         \$ 13.68           PRESCRIPTION DRUGS         212         362         12,960.28         35.80         .382         61.13         13.67           SNF/ICF         0         0         .00         .00         .00         .00         .00           OUTPATIENTS         212         362         12,960.28         35.80         .382         61.13         13.67           MEDICAL SUPPLIES         1         1         1         9.40         9.40         .001         9.40         .01           @DENTIST         4         26         \$ 942.00         \$ 36.23         .027         \$ 235.50         .99           VISITS - DIAGNOSTIC         4         21         312.00         14.86         .022         78.00         .33           ORAL SURGERY         1         4         530.00         132.50         .004         530.00         .56           DRUGS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	IMMUNIZATION AND INJECTION	2	2		12.42		6.21	.002		6.21		.01
PRESCRIPTION DRUGS         212         362         12,960.28         35.80         .382         61.13         13.67           SNF/ICF         0         0         .0	OTHER SERVICES/ALL X-OVERS	3	3		123.06		41.02	.003		41.02		.13
SNF/ICF         0         0         .00 <td>@PHARMACY</td> <td>213</td> <td>363</td> <td>\$</td> <td>12,969.68</td> <td>\$</td> <td>35.73</td> <td>.383</td> <td>\$</td> <td>60.89</td> <td>\$</td> <td>13.68</td>	@PHARMACY	213	363	\$	12,969.68	\$	35.73	.383	\$	60.89	\$	13.68
OUTPATIENTS         212         362         12,960.28         35.80         .382         61.13         13.67           MEDICAL SUPPLIES         1         1         9.40         9.40         .001         9.40         .01           @DENTIST         4         26         \$ 942.00         \$ 36.23         .027         \$ 235.50         \$ .99           VISITS - DIAGNOSTIC         4         21         312.00         14.86         .022         78.00         .33           ORAL SURGERY         1         4         530.00         132.50         .004         530.00         .56           DRUGS         0         0         .00	PRESCRIPTION DRUGS	212	362		12,960.28		35.80	.382		61.13		13.67
MEDICAL SUPPLIES         1         1         1         9.40         9.40         .001         9.40         .01           @DENTIST         4         26         \$         942.00         \$ 36.23         .027         \$ 235.50         \$ .99           VISITS - DIAGNOSTIC         4         21         312.00         14.86         .022         78.00         .33           ORAL SURGERY         1         4         530.00         132.50         .004         530.00         .56           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         1         1         1         100.00         100.00         .00         .00         .00           ENDODONTICS         0         0         .00	SNF/ICF	0	0		.00		.00	.000		.00		.00
@DENTIST         4         26         \$         942.00         \$         36.23         .027         \$         235.50         \$         .99           VISITS - DIAGNOSTIC         4         21         312.00         14.86         .022         78.00         .33           ORAL SURGERY         1         4         530.00         132.50         .004         530.00         .56           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         1         1         1         100.00         100.00         .00         .00         .00           ENDODONTICS         0         0         0         .00	OUTPATIENTS	212	362		12,960.28		35.80	.382		61.13		13.67
VISITS - DIAGNOSTIC         4         21         312.00         14.86         .022         78.00         .33           ORAL SURGERY         1         4         530.00         132.50         .004         530.00         .56           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         1         1         1         100.00         100.00         .001         100.00         .11           PERIODONTICS         0         0         0         .00         .00         .000         .00	MEDICAL SUPPLIES	1	1		9.40		9.40	.001		9.40		.01
ORAL SURGERY         1         4         530.00         132.50         .004         530.00         .56           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         1         1         100.00         100.00         .001         100.00         .11           PERIODONTICS         0         0         .00         .00         .00         .00         .00         .00           ENDODONTICS         0         0         .00         .	@DENTIST	4	26	\$	942.00	\$	36.23	.027	\$	235.50	\$	.99
DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         1         1         100.00         100.00         .001         100.00         .11           PERIODONTICS         0         0         .00         .00         .00         .00         .00         .00           ENDODONTICS         0         0         .00	VISITS - DIAGNOSTIC	4	21		312.00		14.86	.022		78.00		.33
ANESTHESIA 1 1 100.00 100.00 .001 100.00 .11 PERIODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 0 0 0 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00	ORAL SURGERY	1	4		530.00		132.50	.004		530.00		.56
PERIODONTICS         0         0         .0	DRUGS	0	0		.00		.00	.000		.00		.00
ENDODONTICS         0         0         .00	ANESTHESIA	1	1		100.00		100.00	.001		100.00		.11
RESTORATIVE DENTISTRY       0       0       .00 <td>PERIODONTICS</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	PERIODONTICS	0	0		.00		.00	.000		.00		.00
PROSTHETICS         0         0         .00	ENDODONTICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES       0       0       .00 <td>RESTORATIVE DENTISTRY</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS         0         0         .00         <	PROSTHETICS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES         0         0         .00	DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00	SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
·	MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00	FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,094		MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-	OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04	MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									01/29/04

								OIVI	11111 1111111	ш	
948 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	:		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	23	65	\$	1,547.62	\$	23.81	.069	\$	67.29	\$	1.63
DIAGNOSTIC AND ANC. PROCED	19	19		851.83		44.83	.020		44.83		.90
EYE APPLIANCES	16	45		683.79		15.20	.047		42.74		.72
OTHER OPTOMETRIC SERVICES	1	1		12.00		12.00	.001		12.00		.01
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00	•	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	6	\$	404.42	\$	67.40	.006	\$	202.21	\$	.43
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	129	487	\$	50,526.32	\$	103.75	.514	\$	391.68	\$	53.30
HOSP INPATIENT TOTAL	8	31		34,955.95		1127.61	.033		4369.49		36.87
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	8	31		34,955.95		1127.61	.033		4369.49		36.87
ACCOMMODATIONS	8	31		15,698.79		506.41	.033		1962.35		16.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----

PLUMAS COUNTY

ALL OTHER ACCOM	8	31	15,698.79	506.41	.033	1962.35	16.56
ANCILLARIES	8	0	19,257.16	.00	.000	2407.15	20.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	125	456	15,570.37	34.15	.481	124.56	16.42
MEDICAL	63	85	4,435.47	52.18	.090	70.40	4.68
SURGERY	7	8	1,475.44	184.43	.008	210.78	1.56
PATHOLOGY	48	153	1,752.16	11.45	.161	36.50	1.85
RADIOLOGY	37	48	3,101.43	64.61	.051	83.82	3.27
ROOM USE	64	79	3,029.65	38.35	.083	47.34	3.20
CROSSOVERS/ALL OTH OUTPINT	41	83	1,776.22	21.40	.088	43.32	1.87
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES MOI	NTH-OF-PAYMENT REP	ORT FOR JAN 2	003 THRU DE	C 2003	PAGE 10,095
MOP024	FEE-FOR-SERVICE/DENT.	AL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MIC - NO SOC	03 04 2A 45 4A 4K	4M 5K 7T 82	8E 8W		
					MON'	THLY AVERAG	E
948 ELIGIBLES		S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR :	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	129	487 \$	,	\$ 103.75	.514 \$		\$ 53.30
COMM HOSP INPATIENT TOTAL	8	31	34,955.95	1127.61	.033	4369.49	36.87
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	31	34,955.95	1127.61	.033	4369.49	36.87
ACCOMMODATIONS	8	31	15,698.79	506.41	.033	1962.35	16.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL ORIGIN ACCOM	0	2.1	15 600 70	E O 6 11	022	1062 25	1 C E C

@COMMUNITY HOSPITAL TOTAL	129	487	\$	50,526.32	\$	103.75	.514	\$	391.68	\$	53.30
COMM HOSP INPATIENT TOTAL	8	31	•	34,955.95	•	1127.61	.033	-	4369.49	-	36.87
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	8	31		34,955.95		1127.61	.033		4369.49		36.87
ACCOMMODATIONS	8	31		15,698.79		506.41	.033		1962.35		16.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	31		15,698.79		506.41	.033		1962.35		16.56
ANCILLARIES	8	0		19,257.16		.00	.000		2407.15		20.31
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	125	456		15,570.37		34.15	.481		124.56		16.42
MEDICAL	63	85		4,435.47		52.18	.090		70.40		4.68
SURGERY	7	8		1,475.44		184.43	.008		210.78		1.56
PATHOLOGY	48	153		1,752.16		11.45	.161		36.50		1.85
RADIOLOGY	37	48		3,101.43		64.61	.051		83.82		3.27
ROOM USE	64	79		3,029.65		38.35	.083		47.34		3.20
CROSSOVERS/ALL OTH OUTPINT	41	83		1,776.22		21.40	.088		43.32		1.87
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	51	\$	736.13	\$	14.43	.054	\$	38.74	\$	.78
PATHOLOGY	19	51		736.13		14.43	.054		38.74		.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINI	262	386 \$	53,693.68	\$ 139.10	.407	\$ 204.94	\$ 56.64
CLINIC	2	18	452.04	25.11	.019	226.02	.48
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	261	368	53,241.64	144.68	.388	203.99	56.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JA	N 2003 THRU I	DEC 2003	PAGE 10,096
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR MIC - NO	SOC 03 04 2A 45 4A	4K 4M 5K 7T	82 8E 8W		

I HOPED COONII	DOMINIME OF BEIN	VICED TOK MIC	110 000	05 01 211 15 111	110 111 510 71 02	OH OW			
						-	NTHLY AVERA	-	
948 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST	
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIG	
@ALL OTHER PROVIDERS	52	268	\$	4,172.50	\$ 15.57	.283	•	\$	4.40
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	24		715.00	29.79	.025	119.17		.75
AMBULANCES/AIR TRANS	6	24		715.00	29.79	.025	119.17		.75
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00		.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	16	34		330.08	9.71	.036	20.63		.35
PHYSICAL THERAPIST	4	27		442.32	16.38	.028	110.58		.47
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	1	11		626.79	56.98	.012	626.79		.66
SPEECH AND AUDIOLOGY	1	2		111.44	55.72	.002	111.44		.12
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	23	169		1,841.87	10.90	.178	80.08		1.94
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,097
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

						MON	ITHLY AVERA	GE
08 ELIGIBLES	USERS	UNITS OF SERVICE	;	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	]		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	23	175	\$	17,005.41	\$ 97.17	21.875	739.37	\$ 2125.68
@PHYSICIANS SERVICES	6	42	\$	2,547.41	\$ 60.65	5.250	424.57	\$ 318.43
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	8		691.92	86.49	1.000	691.92	86.49

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/IRANS IP CARE	U	U	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	n	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	13	1,070.55	82.35	1.625	356.85	133.82
	3						
PRINCIPAL SURGEON	2	2	712.59	356.30	.250	356.30	89.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	357.96	32.54	1.375	357.96	44.75
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0						
ASSISTANT SURGEON	Ü	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	258.56	86.19	.375	129.28	32.32
RADIOLOGY	4	11	255.64	23.24	1.375	63.91	31.96
	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0						
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	7	270.74	38.68	.875	135.37	33.84
@PHARMACY	3	4 \$	106.38	\$ 26.60	.500	35.46	\$ 13.30
PRESCRIPTION DRUGS	3	4	106.38	26.60	.500	35.46	13.30
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	4	106.38	26.60	.500	35.46	13.30
	3	4					
MEDICAL SUPPLIES	Ü	0	.00	.00	.000	.00	.00
@DENTIST	9	9 \$	.00	\$ .00	1.125		•
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
RESTORATIVE DENTISTRY	U	U	.00	.00	.000	.00	.00
PROSTHETICS	0	Ü	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	9	à	.00	.00	1.125	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
		_					
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC	MIH-OF-PAYMENI RI	EPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 10,098
MOP024	FEE-FOR-SERVICE						01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MIC - SOC		AID CODE	83		
					MON	THLY AVERA	GE
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000		
	0	0	.00	•	.000	.00	**
DIAGNOSTIC AND ANC. PROCED	U	_		.00			.00
EYE APPLIANCES							.00
	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 0 0	_				.00	
	0 0 0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR VISITS	0 0 0 0	0 0 \$ 0	.00 .00 .00	.00 \$ .00 .00	.000 .000 .000	.00 .00 .00	.00 \$ .00 .00
@CHIROPRACTOR VISITS OTHER SERVICES	0	0 0 \$ 0 0	.00 .00 .00 .00	.00 \$ .00 .00	.000 .000 .000 .000	.00 .00 .00	.00 \$ .00 .00
<pre>@CHIROPRACTOR   VISITS   OTHER SERVICES @PODIATRIST</pre>	0	0 0 \$ 0 0 0 \$	.00 .00 .00 .00	\$ .00 \$ .00 .00 .00 \$ .00	.000 .000 .000 .000	.00 .00 .00 .00	\$ .00 \$ .00 .00 .00 \$ .00
<pre>@CHIROPRACTOR   VISITS   OTHER SERVICES @PODIATRIST   MEDICINE/INJECTIONS</pre>	0 0 0	0 0 \$ 0 0 0 \$ 0	.00 .00 .00 .00 .00	\$ .00 .00 .00 .00 \$ .00	.000 .000 \$ .000 .000 .000 \$	.00 .00 .00 .00 .00	\$ .00 .00 .00 .00 \$ .00
<pre>@CHIROPRACTOR   VISITS   OTHER SERVICES @PODIATRIST   MEDICINE/INJECTIONS   SURGERY/ANES.</pre>	0 0 0 0	0 0 \$ 0 0 0 \$ 0	.00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 \$ .00 .00	.000 .000 \$ .000 .000 .000 \$ .000	.00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 \$ .00 .00
<pre>@CHIROPRACTOR   VISITS   OTHER SERVICES @PODIATRIST   MEDICINE/INJECTIONS   SURGERY/ANES.   RADIO./PATHOLOGY</pre>	0 0 0 0 0	0 0 \$ 0 0 0 \$ 0	.00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 \$ .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 \$ .00 .00 .00
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0	0 0 \$ 0 0 \$ 0 \$ 0	.00 .00 .00 .00 .00 .00	\$ .00 .00 .00 \$ .00 \$ .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 \$ .00 .00 .00 .00 .00
<pre>@CHIROPRACTOR   VISITS   OTHER SERVICES @PODIATRIST   MEDICINE/INJECTIONS   SURGERY/ANES.   RADIO./PATHOLOGY</pre>	0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 \$ .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0	0 0 \$ 0 0 \$ 0 \$ 0	.00 .00 .00 .00 .00 .00	\$ .00 .00 .00 \$ .00 \$ .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 \$ .00 .00 .00 .00 .00

4 4 0 153.72 538.20

.00

38.43 134.55

.00

.500 .500

.000

153.72 538.20

.00

19.22 67.28

.00

HOSPITAL VISITS CRITICAL CARE

SNF/ICF/TRANS IP CARE

1 1 0

NURSE MIDWIFE	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ġ	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	Ģ	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	. 0	0	٠ ب	.00	\$	.00	.000	\$	.00	\$ \$	.00
	O F	31	ې د		ې خ	390.89					1514.70
@TOTAL HOSPITAL	5		Þ	12,117.59	Þ		3.875	\$	2423.52	\$	
HOSP INPATIENT TOTAL	2	13		11,682.00		898.62	1.625		5841.00		1460.25
HSC HOSPITALS	2	13		11,682.00		898.62	1.625		5841.00		1460.25
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	18		435.59		24.20	2.250		145.20		54.45
MEDICAL	2	3		195.42		65.14	.375		97.71		24.43
SURGERY	0	0		.00		.00	.000		.00		.00
	0	•									
PATHOLOGY	3	10		92.64		9.26	1.250		30.88		11.58
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	3		125.86		41.95	.375		62.93		15.73
CROSSOVERS/ALL OTH OUTPTNT	1	2		21.67		10.84	.250		21.67		2.71
@COUNTY HOSPITAL TOTAL	0		\$	.00	\$	.00		\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL MEDICAL	0	0		.00		.00	.000		.00		
	0	0									.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	U	U		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RI	EPOR:	r for Jan 2	2003 THRU 1	DEC	2003	P	AGE 10,099
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	ICES FOR MIC - SC	)C			AID CODE	83				
							M	ONT	HLY AVERA	GΕ	
08 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	31	\$	12,117.59	\$	390.89	3.875	\$	2423.52	\$	1514.70
COMM HOSP INPATIENT TOTAL	2	13		11,682.00		898.62	1.625		5841.00		1460.25
HSC HOSPITALS	2	13		11,682.00		898.62	1.625		5841.00		1460.25
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0									
INPATIENT CROSSOVERS	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	•	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	18		435.59		24.20	2.250		145.20		54.45
MEDICAL	2	3		195.42		65.14	.375		97.71		24.43
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		92.64		9.26	1.250		30.88		11.58

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	125.86	41.95	.375	62.93	15.73
CROSSOVERS/ALL OTH OUTPINT	1	2	21.67	10.84	.250	21.67	2.71
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	•	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ġ	.00	Ġ	.00
	0	0	Ą		Ą			Ą		Ą	
HOSPITAL BASED	U	U		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	339.21	Ś	169.61	.250	Ś	169.61	\$	42.40
CLINIC	0	0		.00	•	.00	.000	•	.00	•	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	0	0									
RURAL HEALTH CLINIC	۷			339.21		169.61	.250	~	169.61		42.40
#CALIF DEPT OF HEALTH SERV			URES I	MONTH-OF-PAYMENT F	KEPOK.	' FOR JAN 2	2003 THRU	DEC	2003	P	AGE 10,100
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MIC -	SOC			AID CODE	83				
							M	[ONT]	HLY AVERA	GE ·	
08 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (	COST PER	(	COST PER
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	1	86	\$	1,864.69	\$	21.68				\$	233.09
DURABLE MED. EQUIP.	0	0	Υ	.00	٧	.00	.000	٧	.00	٧	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0										
HEARING AID DISPENSERS	U	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	Ţ	86		1,864.69		21.68	10.750		1864.69		233.09
AMBULANCES/AIR TRANS	1	85		908.44		10.69	10.625		908.44		113.56
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		956.25		956.25	.125		956.25		119.53
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
OCCUPATIONAL THERAPIST	0	0				.00	.000				
OPTICIAN	0	U		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	Ü	Ü		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0				.00					
EPSDT SUPPLEMENTAL SERVICE	U	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	4	16	\$	1,209.94	\$	75.62	2.000	\$	302.49	\$	151.24
@XOVER EXCLUDING STATE HOSP*	. 0	0	Ė	.00	\$	.00	.000		.00	\$	.00
@* TOTALS IN THESE LINES ARE			- T		τ			Ψ.		Υ	
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I					משר שר ב	י דייד מסקו י	יים יים או	שבת	2002	Г.	ACE 10 101
#CALIF DEPT OF HEALTH SERV			OKES I	MONTH-OF-PAYMENT F	KELOK.	. FUR JAN 2	2003 THRU	DEC.	<b>∠</b> ∪∪3	P	AGE 10,101
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MEDIC	АЬЬҮ	INDIGENT - CHILDRE	:N - 7	O.I.YT				~-	
							TM	ייידער זי	TILA VILLE	ידר /	

956 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	547	1,987 \$	;	150,065.35	\$	75.52	2.078	\$	274.34	\$	156.97
@PHYSICIANS SERVICES	83	202 \$	;	10,615.00	\$	52.55		\$	127.89	\$	11.10
OUTPATIENT VISITS	29	31		1,520.07		49.03	.032		52.42		1.59
OFFICE VISITS	25	27		1,154.50		42.76	.028		46.18		1.21
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		112.95		56.48	.002		56.48		.12
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	2	2		252.62		126.31	.002		126.31		. 26
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	7	28		1,561.44		55.77	.029		223.06		1.63
HOSPITAL VISITS	7	24		1,023.24		42.64	.025		146.18		1.07
CRITICAL CARE	1	4		538.20		134.55	.004		538.20		.56
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	U	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	/	33		3,589.55		108.77	.035		512.79		3.75
PRINCIPAL SURGEON	5 0	5		2,889.71		577.94	.005		577.94		3.02
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	28		699.84		24.99	.029		233.28		.73
OUTPATIENT SURGERY	5	14		927.50		66.25	.015		185.50		.97
PRINCIPAL SURGEON	0	3		672.09 .00		224.03	.003		224.03		.70 .00
ASSISTANT SURGEON ANESTHESIOLOGIST	0	11		255.41		.00 23.22	.012		127.71		.27
	0	0		.00		.00	.012		.00		.00
DIALYSIS PATHOLOGY	16	23		700.12		30.44	.024		43.76		.73
RADIOLOGY	40	60		1,836.81		30.44	.063		45.70		1.92
PSYCHIATRY	1	1		73.29		73.29	.001		73.29		.08
IMMUNIZATION AND INJECTION	2	2		12.42		6.21	.002		6.21		.01
OTHER SERVICES/ALL X-OVERS	5	10		393.80		39.38	.010		78.76		.41
@PHARMACY	216	367 \$	!	13,076.06	\$	35.63	.384	\$	60.54	\$	13.68
PRESCRIPTION DRUGS	215	366	•	13,070.00	Ą	35.70	.383	Ą	60.78	Ą	13.67
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	215	366		13,066.66		35.70	.383		60.78		13.67
MEDICAL SUPPLIES	1	1		9.40		9.40	.001		9.40		.01
@DENTIST	13	35 \$	;	942.00	\$	26.91	.037	\$	72.46	\$	.99
VISITS - DIAGNOSTIC	4	21		312.00	Υ	14.86	.022	τ.	78.00	Υ	.33
ORAL SURGERY	1	4		530.00		132.50	.004		530.00		.55
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	ĺ	1		100.00		100.00	.001		100.00		.10
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	9	9		.00		.00	.009		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	FINOM	TH-OF-PAYMENT RE	POR	r for Jan	2003 THRU	DEC	2003	PI	AGE 10,102
	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	INDI	IGENT - CHILDREN	- 1	TOTAL .					
							M	ONT	HLY AVERA		
956 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	23	65 \$	;	1,547.62	\$	23.81	.068	\$	67.29	\$	1.62
DIAGNOSTIC AND ANC. PROCED	19	19		851.83		44.83	.020		44.83		.89
EYE APPLIANCES	16	45		683.79		15.20	.047		42.74		.72
OTHER OPTOMETRIC SERVICES	1	1		12.00		12.00	.001		12.00		.01

@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
	-						
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0						
OTHER	Ü	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	7 \$	434.55	\$ 62.08	.007 \$		\$ .45
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
	0	0 \$					
FAMILY NURSE PRACTITIONER	-		.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	134	518 \$	62,643.91	\$ 120.93	.542 \$		\$ 65.53
HOSP INPATIENT TOTAL	10	44	46,637.95	1059.95	.046	4663.80	48.78
HSC HOSPITALS	2	13	11,682.00	898.62	.014	5841.00	12.22
NON-HSC HOSPITAL TOTAL	8	31	34,955.95	1127.61	.032	4369.49	36.56
	9	31	15,698.79	506.41	.032	1962.35	16.42
ACCOMMODATIONS	0						
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	31	15,698.79	506.41	.032	1962.35	16.42
ANCILLARIES	8	0	19,257.16	.00	.000	2407.15	20.14
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT					.000		
HOSP OUTPATIENT TOTAL	128	474	16,005.96	33.77	.496	125.05	16.74
MEDICAL	65	88	4,630.89	52.62	.092	71.24	4.84
SURGERY	7	8	1,475.44	184.43	.008	210.78	1.54
PATHOLOGY	51	163	1,844.80	11.32	.171	36.17	1.93
RADIOLOGY	37	48	3,101.43	64.61	.050	83.82	3.24
ROOM USE	66	82	3,155.51	38.48	.086	47.81	3.30
CROSSOVERS/ALL OTH OUTPTNT		85	1,797.89	21.15	.089	42.81	1.88
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		.00	.00	.000	.00	.00
	0	0 0					
ADMINISTRATIVE DAYS	Ū	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	Ü	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	O	•					
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT RI	SPORT FOR JAN	2003 THRU DE	C 2003	
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	INDIGENT - CHILDREI	N - TOTAL			
					MON	THLY AVERA	GE
956 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITES/DAYS	COST PER	COST PER
956 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	134	OR DAYS OF CARE 518 \$	62,643.91	PER UNIT/DA \$ 120.93	Y PER ELIG .542 \$	USER 467.49	ELIGIBLE \$ 65.53
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	134 10	OR DAYS OF CARE 518 \$	62,643.91 46,637.95	PER UNIT/DA \$ 120.93 1059.95	Y PER ELIG .542 \$ .046	USER 467.49 4663.80	ELIGIBLE \$ 65.53 48.78
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	134 10 2	OR DAYS OF CARE 518 \$ 44 13	62,643.91 46,637.95	PER UNIT/DA \$ 120.93 1059.95	Y PER ELIG .542 \$ .046	USER 467.49 4663.80 5841.00	ELIGIBLE \$ 65.53 48.78 12.22
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	134 10	OR DAYS OF CARE 518 \$	62,643.91 46,637.95	PER UNIT/DA \$ 120.93 1059.95	Y PER ELIG .542 \$ .046	USER 467.49 4663.80	ELIGIBLE \$ 65.53 48.78
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	134 10 2	OR DAYS OF CARE 518 \$ 44 13	62,643.91 46,637.95	PER UNIT/DA \$ 120.93	Y PER ELIG .542 \$ .046	USER 467.49 4663.80 5841.00	ELIGIBLE \$ 65.53 48.78 12.22

ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	31	15,698		506.41	.032		1962.35		16.42
	0									
ANCILLARIES	8	0	19,257		.00	.000		2407.15		20.14
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	128	474	16,005	.96	33.77	.496		125.05		16.74
MEDICAL	65	88	4,630	.89	52.62	.092		71.24		4.84
SURGERY	7	8	1,475		184.43	.008		210.78		1.54
PATHOLOGY	51	163	1,844		11.32	.171		36.17		1.93
	37	48								
RADIOLOGY			3,101		64.61	.050		83.82		3.24
ROOM USE	66	82	3,155		38.48	.086		47.81		3.30
CROSSOVERS/ALL OTH OUTPTNT		85	1,797	.89	21.15	.089		42.81		1.88
@STATE HOSPITAL	0	0 \$		.00	\$ .00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0	0 \$			\$ .00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	Y	.00	Y	.00
	0			.00						
LEV B-REHAB MD	U	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$		.00	\$ .00	.000	Ś	.00	\$	.00
ICF DDH	0	0		.00	.00	.000	٧	.00	٧	.00
	0	0			.00	.000				
ICF DD	0			.00				.00		.00
ICF DDN/DDCN	Ü	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$		.00	\$ .00	.000	\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$		.00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	19	51 \$	736		\$ 14.43	.053	Ġ	38.74	Ġ	.77
PATHOLOGY	19	51		.13	14.43	.053	Y	38.74	Y	.77
	0		730							
XO AND OTHERS	_	0		.00	.00	.000	4.	.00	4.	.00
@ORGANIZED OUTPATIENT CLINIC	264	388 \$			\$ 139.26	.406	\$	204.67	Ş	56.52
CLINIC	2	18	452		25.11	.019		226.02		.47
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	263	370	53,580	.85	144.81	.387		203.73		56.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES			ORT FOR JAN	2003 THRU	DEC	2003	P.	AGE 10,104
MOP024	FEE-FOR-SERVICE									01/29/04
PLUMAS COUNTY		ICES FOR MEDICALLY	TNDIGENT - CHI	LDREN -	- TOTAL					01/25/01
1 201110 0001111	Bolling of Belly	1010 1011 111010111111			101111	M	ОМТ	HIV VIERA	GE.	
956 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU	IDFC 7	AVERAGE COST					COST PER
JJO ELIGIBLES	OBERB	OR DAYS OF CARE	EXFERDITO		PER UNIT/DAY			USER		ELIGIBLE
eall omited provided	53		6,037			.370		113.91		6.32
@ALL OTHER PROVIDERS										
DURABLE MED. EQUIP.	0	0			.00					.00
BLOOD BANK	0	0		.00	.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000		.00		.00
MEDICAL TRANSPORTATION	7	110	2,579	.69	23.45	.115		368.53		2.70
AMBULANCES/AIR TRANS	7	109	1,623	.44	14.89	.114		231.92		1.70
OTHER TRANS	0	0	,	.00	.00	.000		.00		.00
OTHER SERVICES	1	ĺ	956	.25	956.25	.001		956.25		1.00
ACUPUNCTURE	0	0	230	.00	.00	.000		.00		.00
	0	0								
ADULT DAY HEALTH CARE CTR	ŭ	<del>-</del>	7.05	.00	.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1	105	.00	105.00	.001		105.00		.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000		.00		.00

OPTICIAN	16	34	330.08	9.	71 .036	20.63	.35
PHYSICAL THERAPIST	4	27	442.32	16.	38 .028	110.58	.46
PORTABLE X-RAY	0	0	.00		.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		00 .000	.00	.00
PROSTHETICS	0	0	.00		00 .000	.00	.00
ORTHOTICS	0	0	.00		00 .000	.00	.00
PSYCHOLOGIST	1	11	626.79	56.	98 .012	626.79	.66
SPEECH AND AUDIOLOGY	1	2	111.44	55.	72 .002	111.44	.12
HOSPICE SERVICES	0	0	.00		00 .000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		00 .000	.00	.00
LOCAL EDUCATION AGENCIES	23	169	1,841.87	10.	90 .177	80.08	1.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		00 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		00 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		00 .000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		00 .000	.00	.00
@CALIF. CHILDREN SERVICES*	4	16	\$ 1,209.94	\$ 75.	62 .017	\$ 302.49	\$ 1.27

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,105 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MIA -	NO	SOC	- AID PAID PENDI	LNG	AID CODE				aп	
00 51 5355 53	Hanna		_					M			ŒĽ.	
00 ELIGIBLES	USERS	UNITS OF SERVIC			EXPENDITURES		ERAGE COST			COST PER		COST PER
	0	OR DAYS OF CAR			0.0		R UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	;	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
	0	0										
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	•			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	U	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	5	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0			.00	·	.00	.000		.00	•	.00
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	Ŏ	Ś	:	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	Ō	0	۲	,	.00	٧	.00	.000	Y	.00	Y	.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
	0	0										
ANESTHESIA	0				.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

2003	THRU	DEC	200	3	PAGE	10,106
					01	/29/04
81						
	1	HTMON	ILY	AVERA	3E	

					MON	THLY AVERAGE	
00 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
OOD HOMEHD I GH			4 00				
@OPTOMETRIST	0		\$ .00	\$ .00	.000 \$		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		\$ .00	\$ .00	.000 \$		
	0		•	•			
VISITS	Ü	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	\$ .00	\$ .00	.000 \$	.00 \$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	Õ	.00	.00	.000	.00	.00
SURGERY/ANES.	0	_					
RADIO./PATHOLOGY	Ü	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	\$ .00	\$ .00	.000 \$	.00 \$	.00
NURSE ANESTHESIST	Ô	0 \$		\$ .00	.000 \$		
	0	0 5	· · · · · · · · · · · · · · · · · · ·				
NURSE MIDWIFE	U	0 \$	.00	\$ .00		.00 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 s 0 s	\$ .00	\$ .00	.000 \$		
FAMILY NURSE PRACTITIONER	0	0 \$	\$ .00	\$ .00	.000 \$	.00 \$	.00
@TOTAL HOSPITAL	0	0 \$	\$ .00	\$ .00	.000 \$	.00 S	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Û	n	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	U	0		.00			
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ROOM USE	U	-					
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	\$ .00	\$ .00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Û	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	Ü	Ü	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ō	Û	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
SURGERY	Û	Û		.00			
PATHOLOGY	U	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ö	.00	.00	.000	.00	.00
	•		S MONTH-OF-PAYMENT R				PAGE 10,107
HOVITE DEET OF UPWITH SPKA	WEDI-CUT SEKAICES	WAY EVERNOTIONES	2 MONTH-OF-PAIMENT R	.EFUKI FUK UAN .	ZOOD IUKO DE	C 2003	- TO, TO,

MOP024 PLUMAS COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

PLOMAS COUNTI	SUMMARI OF SERV	ICES FOR MIA - I	10 500	AID PAID PEND.	TING	AID CODE	OT			αn	
OO BLIGIDIES	HOEDO	INITEG OF GEDVICE	,	EXPENDIBLE	7. 7. 7.	ERAGE COST	M				COCH DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ô	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL	•	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		بي	.00	۲,	
	0	0	Ą		Ą		.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	4.	.00		.00	.000	4.	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0	т	.00	-	.00	.000	т.	.00	т.	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			DEC MC	ONTH-OF-PAYMENT R	יםסחיו			חהם		_	PAGE 10,108
			CES MC	JNIH-OF-PAIMENI K	EPOR	I FOR UAN 2	2003 IHKU	חפר	2003	P	01/29/04
MOP024	FEE-FOR-SERVICE		TO 000	ATD DATE DEME	TATO	ATD CODE	0.1				01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MIA - I	10 SOC	C - AID PAID PEND	TNG	AID CODE				~=	
			_				M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARI				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDARATE T	NEODMATION ITEM ONLY	<i>7</i> :				

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,109
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

PLUMAS COUNTI	SUMMARI OF SERV	TCES FOR MIA - NO	J 50C	- PKEGNANI	AID CODE	00		
						MON	THLY AVERA	GE
43 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25	99	\$	5,822.73	\$ 58.82	2.302 \$	232.91	\$ 135.41
@PHYSICIANS SERVICES	6	7	\$	757.79	\$ 108.26	.163 \$	126.30	\$ 17.62
OUTPATIENT VISITS	1	1		126.31	126.31	.023	126.31	2.94
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.023	126.31	2.94
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		408.21	408.21	.023	408.21	9.49
PRINCIPAL SURGEON	1	1		408.21	408.21	.023	408.21	9.49
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	101.89	33.96	.070	50.95	2.37
RADIOLOGY	2	2	121.38	60.69	.047	60.69	2.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	4	6	\$ 134.82	\$ 22.47	.140	\$ 33.71	\$ 3.14
PRESCRIPTION DRUGS	4	6	134.82	22.47	.140	33.71	3.14
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4	6	134.82	22.47	.140	33.71	3.14
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 10,110
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	OR MIA - NO SOC	C - PREGNANT	AID CODE 8			
				_	MONT	THIY AVERAC	F:

PLUMAS COUNTY	SUMMARY OF SERVICES FOR	MIA - NO	O SOC -	- PREGNANT		AID CODE	86				
							Mo	TNC	HLY AVERA	GE	
43 ELIGIBLES	USERS UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
	OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$	90.30	\$	22.58	.093	\$	90.30	\$	2.10
DIAGNOSTIC AND ANC. PROCED	1	1	•	47.45	·	47.45	.023	•	47.45	·	1.10
EYE APPLIANCES	1	3		42.85		14.28	.070		42.85		1.00
OTHER OPTOMETRIC SERVICES	0	Ō		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	Ö	\$	.00	Ġ	.00	.000	Ś	.00	Ś	.00
VISITS	0	Ö	т	.00	-	.00	.000	т.	.00	т	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	Ġ	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000	•	.00	•	.00
SURGERY/ANES.	0	Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	Ö		.00		.00	.000		.00		.00
OTHER	0	Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	Ö	\$	.00	Ś	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	Š	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0 0 0	Š	.00	Š	.00	.000	Š	.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	Ö	Š	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	9	47	Š	902.60	Š	19.20	1.093		100.29	Š	20.99
HOSP INPATIENT TOTAL	0	0	т	.00	-	.00	.000	т.	.00	т	.00
HSC HOSPITALS	0	Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	Ö		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	47		902.60		19.20	1.093		100.29		20.99
MEDICAL	2	2		190.38		95.19	.047		95.19		4.43
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	22		242.43		11.02	.512		48.49		5.64
RADIOLOGY	2	2		121.48		60.74	.047		60.74		2.83
ROOM USE	5	6		162.22		27.04	.140		32.44		3.77
CROSSOVERS/ALL OTH OUTPTNT	4	15		186.09		12.41	.349		46.52		4.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00		.00	.000	-	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 10,111
MOP024	FEE-FOR-SERVICE/DENTAL	_					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	OR MIA - NO SOC	- PREGNANT	AID CODE 86			
					MONTH.	ULA VIEDVO	· 다

MOP024	FEE-FOR-SERVICE	:/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	MIA - NO	SOC -	PREGNANT		AID CODE	86				
								Mo	TNC	HLY AVERA		
43 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9		47	\$	902.60	\$	19.20	1.093	\$	100.29	\$	20.99
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9		47		902.60		19.20	1.093		100.29		20.99
MEDICAL	2		2		190.38		95.19	.047		95.19		4.43
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	5		22		242.43		11.02	.512		48.49		5.64
RADIOLOGY	2		2		121.48		60.74	.047		60.74		2.83
ROOM USE	5		6		162.22		27.04	.140		32.44		3.77
CROSSOVERS/ALL OTH OUTPTNT	· 1		15		186.09		12.41	.349		46.52		4.33
@STATE HOSPITAL	0		0	\$	.00	\$	.00		\$	.00	\$	.00
MENTALLY ILL	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	Ġ	.00	.000	بے	.00	\$	.00
LEV A-INTERMEDIATE	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-REHAD MD  LEV B-SUBACUTE FREESTANDING	, 0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	۲.	.00	\$	.00	.000	بن		ċ,	.00
	0		0	\$		Ş			\$	.00	\$	
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0	4	.00	\$	.00	.000	ė.	.00	ė.	.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	Ş	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0						.00			.00		
HEMODIALYSIS CENTER	0		0	4	.00	4	.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000	_	.00		.00
@LABORATORY FACILITY	3		5	\$	35.55	\$	7.11		\$	11.85	\$	.83
PATHOLOGY	3		5		35.55		7.11	.116		11.85		.83
XO AND OTHERS	0		0	4.	.00	4.	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15		28	\$	3,885.03	\$	138.75	.651	\$	259.00	\$	90.35
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00

15 28 RURAL HEALTH CLINIC 3,885.03 138.75 .651 259.00 90.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,112 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL PLUMAS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT

1101 02 1	THE TOIL BEILVIOL	J, DDIVIIID						01/20	, 0 .
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR MIA -	NO SO	C - PREGNANT	AID COD	E 86			
						MOI	ITHLY AVERA	GE	
43 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	r UNITS/DAYS	COST PER	COST PE	.lR
		OR DAYS OF CAR	E		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBI	ıΕ
@ALL OTHER PROVIDERS	1	2	\$	16.64	\$ 8.32	.047	16.64	\$ .3	39
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.0	10
BLOOD BANK	0	0		.00	.00	.000	.00	.0	10
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.0	10
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.0	10
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.0	10
OTHER TRANS	0	0		.00	.00	.000	.00	.0	10
OTHER SERVICES	0	0		.00	.00	.000	.00	.0	10
ACUPUNCTURE	0	0		.00	.00	.000	.00	.0	10
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.0	10
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.0	10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.0	10
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.0	10
OPTICIAN	1	2		16.64	8.32	.047	16.64	. 3	39
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.0	10
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.0	10
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.0	10
PROSTHETICS	0	0		.00	.00	.000	.00	.0	10
ORTHOTICS	0	0		.00	.00	.000	.00	.0	10
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.0	10
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.0	10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.0	10
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.0	10
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.0	10
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.0	10
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.0	10
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.0	10
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.0	10
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	.00	\$ .0	10
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	.00	\$ .0	10

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,113 FEE-FOR-SERVICE/DENTAL 01/29/04 MOP024 PLUMAS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

1201110 0001111	DOIMING OF DER	VIOLO 1 010 11111 100	 10111				
					MOI	NTHLY AVERA	GE
43 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25	99	\$ 5,822.73	\$ 58.82	2.302	232.91	\$ 135.41
@PHYSICIANS SERVICES	6	7	\$ 757.79	\$ 108.26	.163	126.30	\$ 17.62
OUTPATIENT VISITS	1	1	126.31	126.31	.023	126.31	2.94
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.023	126.31	2.94
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		408.21	408	21	.023		408.21		9.49
PRINCIPAL SURGEON	1	1		408.21	408	21	.023		408.21		9.49
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	3		101.89	33	96	.070		50.95		2.37
RADIOLOGY	2	2		121.38	60		.047		60.69		2.82
PSYCHIATRY	0	0		.00		00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	4	6	\$	134.82	\$ 22	47	.140	\$	33.71	\$	3.14
PRESCRIPTION DRUGS	4	6	•	134.82	. 22	47	.140	·	33.71		3.14
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	4	6		134.82		47	.140		33.71		3.14
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	•	.00	·	.00	.000	·	.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONT	H-OF-PAYMENT R	EPORT FOR	JAN 2003	THRU	DEC :	2003	PAG	GE 10,114
MOP024	FEE-FOR-SERVICE/DENTAL						_				01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC -	TOTAL							

SUMMAKI OF SEK	VICES FOR MIA - I	10 500	- IOIAL							
						M	ONT	THLY AVERA	GE.	
USERS	UNITS OF SERVICE	]	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE	2		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
1	4	\$	90.30	\$	22.58	.093	\$	90.30	\$	2.10
1	1		47.45		47.45	.023		47.45		1.10
1	3		42.85		14.28	.070		42.85		1.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
9	47	\$	902.60	\$	19.20	1.093	\$	100.29	\$	20.99
	USERS  1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  1	USERS UNITS OF SERVICE OR DAYS OF CARE  1	USERS UNITS OF SERVICE OR DAYS OF CARE  1	OR DAYS OF CARE  1	USERS UNITS OF SERVICE OR DAYS OF CARE  1	USERS UNITS OF SERVICE OR DAYS OF CARE  1	USERS UNITS OF SERVICE OR DAYS OF CARE  1	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE  1	USERS

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	47	902.60	19.20	1.093	100.29	20.99
MEDICAL	2	2	190.38	95.19	.047	95.19	4.43
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	22	242.43	11.02	.512	48.49	5.64
RADIOLOGY	2	2	121.48	60.74	.047	60.74	2.83
ROOM USE	5	6	162.22	27.04	.140	32.44	3.77

CROSSOVERS/ALL OTH OUTPTNT	4	15		186.09		12.41	.349	46.52	4.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN 2	003 THRU	DEC 2003	PAGE 10,115
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC - T	OTAL					

A3 ELIGIBLES
OR DAYS OF CARE
@COMMINITY HOSPITAL TOTAL         9         47         \$         902.60         \$         19.20         1.093         \$         100.29         \$         20.99           COMM HOSP INPATIENT TOTAL         0         0         .00
COMM HOSP INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
HSC HOSPITALS
NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ACCOMMODATIONS 0 0 0 0.00 .00 .000 .000 .000 .000 ADMINISTRATIVE DAYS 0 0 0 .00 .000 .000 .000 .000 .000 .0
ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
INPATIENT CROSSOVERS   0   0   0   0   0   0   0   0   0
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
COMM HOSP OUTPATIENT TOTAL         9         47         902.60         19.20         1.093         100.29         20.99           MEDICAL         2         2         190.38         95.19         .047         95.19         4.43           SURGERY         0         0         .00         .00         .00         .00         .00         .00           PATHOLOGY         5         22         242.43         11.02         .512         48.49         5.64           RADIOLOGY         2         2         2         121.48         60.74         .047         60.74         2.83           ROOM USE         5         6         162.22         27.04         .140         32.44         3.77           CROSSOVERS/ALL OTH OUTPTNT         4         15         186.09         12.41         .349         46.52         4.33           @STATE HOSPITAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00
MEDICAL         2         2         2         190.38         95.19         .047         95.19         4.43           SURGERY         0         0         .00         .00         .00         .00         .00         .00           PATHOLOGY         5         22         242.43         11.02         .512         48.49         5.64           RADIOLOGY         2         2         2         121.48         60.74         .047         60.74         2.83           ROOM USE         5         6         162.22         27.04         .140         32.44         3.77           CROSSOVERS/ALL OTH OUTPTNT         4         15         186.09         12.41         .349         46.52         4.33           @STATE HOSPITAL         0         0         \$         .00         .00         .00         \$         .00           MENTALLY ILL         0         0         0         .00         .00         .00         .00         .00           @NURSING FACILITY         0         0         \$         .00         .00         .00         .00         .00         .00         .00
SURGERY       0       0       .00       .00       .00       .00       .00       .00         PATHOLOGY       5       22       242.43       11.02       .512       48.49       5.64         RADIOLOGY       2       2       2       121.48       60.74       .047       60.74       2.83         ROOM USE       5       6       162.22       27.04       .140       32.44       3.77         CROSSOVERS/ALL OTH OUTPTNT       4       15       186.09       12.41       .349       46.52       4.33         @STATE HOSPITAL       0       0       \$       .00       .00       .00       \$       .00         MENTALLY ILL       0       0       0       .00       .00       .00       .00       .00       .00         @NURSING FACILITY       0       0       \$       .00       \$       .00       .00       .00       \$       .00
PATHOLOGY         5         22         242.43         11.02         .512         48.49         5.64           RADIOLOGY         2         2         121.48         60.74         .047         60.74         2.83           ROOM USE         5         6         162.22         27.04         .140         32.44         3.77           CROSSOVERS/ALL OTH OUTPINT         4         15         186.09         12.41         .349         46.52         4.33           @STATE HOSPITAL         0         0         \$         .00         \$         .00         \$         .00         \$           MENTALLY ILL         0         0         0         .00         .00         .00         .00         .00         .00         .00           DEVELOP. DISABLED         0         0         \$         .00         \$         .00
RADIOLOGY       2       2       121.48       60.74       .047       60.74       2.83         ROOM USE       5       6       162.22       27.04       .140       32.44       3.77         CROSSOVERS/ALL OTH OUTPINT       4       15       186.09       12.41       .349       46.52       4.33         @STATE HOSPITAL       0       0       \$       .00       \$       .00       .00       \$       .00         MENTALLY ILL       0       0       0       .00       .00       .00       .00       .00       .00       .00         DEVELOP. DISABLED       0       0       \$       .00       \$       .00       .00       .00       .00       .00         @NURSING FACILITY       0       0       \$       .00       \$       .00       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$
ROOM USE       5       6       162.22       27.04       .140       32.44       3.77         CROSSOVERS/ALL OTH OUTPINT       4       15       186.09       12.41       .349       46.52       4.33         @STATE HOSPITAL       0       0       \$       .00       \$       .00       .00       \$       .00         MENTALLY ILL       0       0       0       .00       .00       .00       .00       .00       .00         DEVELOP. DISABLED       0       0       \$       .00       \$       .00       .00       .00       .00       .00         @NURSING FACILITY       0       0       \$       .00       \$       .00       .00       \$       .00       \$
CROSSOVERS/ALL OTH OUTPINT       4       15       186.09       12.41       .349       46.52       4.33         @STATE HOSPITAL       0       0       \$       .00       \$       .00       .00       \$       .00       \$         MENTALLY ILL       0       0       0       .00       .00       .00       .00       .00       .00       .00         DEVELOP. DISABLED       0       0       \$       .00       \$       .00       .00       .00       .00       .00         @NURSING FACILITY       0       \$       .00
@STATE HOSPITAL       0       0       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00 </td
MENTALLY ILL       0       0       .00
DEVELOP. DISABLED       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       \$       .00       .00       \$
@NURSING FACILITY 0 0 \$ .00 \$ .00 \$ .00
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 .00
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00
LEV B-REGULAR 0 0 .00 .00 .00 .00 .00 .00
@INTERMEDIATE CARE FACILDD 0 0 \$ .00 \$ .00 \$ .00 \$ .00
ICF DDH 0 0 .00 .00 .00 .00 .00 .00
ICF DD 0 0 .00 .00 .00 .00 .00 .00
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 .00
@HEMODIALYSIS TOTAL 0 0 \$ .00 \$ .00 \$ .00 \$ .00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00
HEMODIALYSIS CENTER 0 0 0 .00 .00 .00 .00 .00 .00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000	·	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	5	\$	35.55	\$	7.11	.116	\$	11.85	\$	.83
PATHOLOGY	3	5		35.55		7.11	.116		11.85		.83
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	28	\$	3,885.03	\$	138.75	.651	\$	259.00	\$	90.35
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	28		3,885.03		138.75	.651		259.00		90.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	IONTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 10,116
MOP024	FEE-FOR-SERVICE/DENTA	ΑL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES F	FOR MIA - 1	NO SC	OC - TOTAL							
							N	IONTI	HLY AVERA	GE ·	

43 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 16.64	\$ 8.32	.047 \$	16.64	\$ .39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.047	16.64	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,117
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

							MC	ΓΝC	HLY AVERA	GE	
12 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	15	449	\$	66,079.68	\$	147.17	37.417	\$	4405.31	\$	5506.64
@PHYSICIANS SERVICES	6	10	\$	249.25	\$	24.93	.833	\$	41.54	\$	20.77
OUTPATIENT VISITS	1	1		24.00		24.00	.083		24.00		2.00
OFFICE VISITS	1	1		24.00		24.00	.083		24.00		2.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	55.00	27.50	.167	27.50	4.58
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	2	55.00	27.50	.167	27.50	4.58
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	136.25	45.42	.250	136.25	11.35
RADIOLOGY	3	4	34.00	8.50	.333	11.33	2.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	11	106 \$	3,933.08	\$ 37.10	8.833 \$	357.55	\$ 327.76
PRESCRIPTION DRUGS	10	46	3,740.01	81.30	3.833	374.00	311.67
SNF/ICF	10	46	3,742.01	81.35	3.833	374.20	311.83
OUTPATIENTS	0	0	2.000	R .00	.000	.00	.17CR
MEDICAL SUPPLIES	1	60	193.07	3.22	5.000	193.07	16.09
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 10,118
MOP024	FEE-FOR-SERVICE		T MO	7 TD 0000	F 2		01/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR MIA - SOC	- LIC	AID CODE		י בים מודע עווות	177
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MARIDACE COOM	MON	COST PER	COST PER
IS EPIGIBNES	USEKS	OR DAYS OF CARE	FVLFINDIIOKF2	AVERAGE COST PER UNIT/DAY		USER	ELIGIBLE
	-	OV DAID OF CAKE	40.05	PER UNII/DAY	בהע הדות	UDEK	FITGIBLE

3 .250 \$ @OPTOMETRIST 42.85 14.28 42.85 \$ 3.57 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 .00 EYE APPLIANCES 3 42.85 14.28 .250 42.85 3.57 0 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 0 0 @PODIATRIST 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	28 \$	1.9	87.30	\$	70.98		\$	1987.30	\$	165.61
NURSE ANESTHESIST	0	0 \$	-/-	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0 \$		.00	\$	.00		\$	.00	Š	.00
	0	0 \$ 0 \$			•					۶ \$	.00
PEDIATRIC NURSE PRACTITIONER	0			.00	\$	.00		\$			
FAMILY NURSE PRACTITIONER	U	0 \$	_	.00	\$	.00		\$	.00		.00
@TOTAL HOSPITAL	7	37 \$	5	67.38	Ş	15.33		\$	81.05	Ş	47.28
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT CROSSOVERS	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	<u>U</u>	0	_	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	./	37		67.38		15.33	3.083		81.05		47.28
MEDICAL	2	2		40.34		20.17	.167		20.17		3.36
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	18	2	44.27		13.57	1.500		61.07		20.36
RADIOLOGY	2	3		65.78		21.93	.250		32.89		5.48
ROOM USE	2	2		64.00		32.00	.167		32.00		5.33
CROSSOVERS/ALL OTH OUTPTNT	3	12		52.99		12.75	1.000		51.00		12.75
@COUNTY HOSPITAL TOTAL	0	0 \$	_	.00	Ġ	.00		Ś	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL		0		.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	_									
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ü	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	Ü	Ü		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAY	MENT R	EPORT	FOR JAN 2	2003 THRU D	EC	2003	PI	AGE 10,119
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLUMAS COUNTY		ICES FOR MIA - SOC	- LTC			AID CODE	53				
							MC	ити	LY AVERA	GE -	
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI	THEES	Δ1/Γ⊏	PAGE COST	UNITS/DAYS				COST PER
12 111011110	OBLIEB	OR DAYS OF CARE		101(110)			PER ELIG	, .	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	37 \$	_	67.38	\$	15.33	3.083	ċ.	81.05		47.28
		•	5		Ą			Ą		Ą	
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
MON UCC HOCDITALC TOTAL	Λ	(1)		$\cap$		$\cap$	000		0.0		$\cap \cap$

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ANCILLARIES

ALL OTHER ACCOM

0

0

0

0

0

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	37	567.38	15.33	3.083	81.05	47.28
MEDICAL	2	2	40.34	20.17	.167	20.17	3.36
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	18	244.27	13.57	1.500	61.07	20.36
RADIOLOGY	2	3	65.78	21.93	.250	32.89	5.48
ROOM USE	2	2	64.00	32.00	.167	32.00	5.33
CROSSOVERS/ALL OTH OUTPINT	3	12	152.99	12.75	1.000	51.00	12.75
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	251	\$ 57,837.90	\$ 230.43	20.917	\$ 8262.56	\$ 4819.83
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		•	00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			00		.00	.000		.00		.00
LEV B-REGULAR	7	251		57,837.	90		230.43	20.917		8262.56		4819.83
@INTERMEDIATE CARE FACILDD	0	0	\$		00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			00		.00	.000		.00		.00
ICF DD	0	0			00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$		00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0			00		.00	.000		.00		.00
XO AND OTHERS	0	0			00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	229.	8 0	\$	114.54	.167	\$	229.08	\$	19.09
CLINIC	0	0			00		.00	.000		.00		.00
SURGICENTER	0	0			00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	2		229.	8 0		114.54	.167		229.08		19.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMEN	T RE	PORT	FOR JAN 2	003 THRU	DEC	2003	P.	AGE 10,120
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R MIA -	SOC -	LTC			AID CODE	53				

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 12 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,232.84 \$ 102.74 1.000 \$ 410.95 \$ 102.74 @ALL OTHER PROVIDERS 12 DURABLE MED. EQUIP. 55.60 55.60 .083 55.60 4.63 BLOOD BANK .00 .00 .000 .00 0 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 60.34 6.70 .750 60.34 5.03 .00 .000 AMBULANCES/AIR TRANS .00 .00 .00 OTHER TRANS 60.34 6.70 .750 60.34 5.03 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 1,116.90 1116.90 PROSTHETIST/ORTHOTISTS 558.45 .167 93.08 .167 PROSTHETICS 1,116.90 558.45 1116.90 93.08 .00 .00 .000 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* .00 .000 \$ .00 .00 \$ .00 \$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,121 

01/29/04

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHARMACY #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,122 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87 PLUMAS COUNTY

02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
O O D TTO M T T T T T	2	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	1	٥ ټ 1 خ	54.34	\$ 54.34	.500 \$	54.34	\$ 27.17
HOSP INPATIENT TOTAL	0	U 5	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00			.00	
	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	54.34	54.34	.500	54.34	27.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	54.34	54.34	.500	54.34	27.17
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ô	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 10,123
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MIA - SOC -	PREGNANT	AID CODE	87		
					MONT	HLY AVERA	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CA	F.			DEE	אַמר/דעווי	PER ELIC	1	USER	1	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	or data of car	\$		54.34	\$	54.34	.500		54.34	\$	27.17
COMM HOSP INPATIENT TOTAL	0	0	-		.00	т	.00	.000	-	.00	т.	.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
	0	0										
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1				54.34		54.34	.500		54.34		27.17
MEDICAL	U	U			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	1	1			54.34		54.34	.500		54.34		27.17
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	٧		.00	Ψ.	.00	.000	Ψ.	.00	٧	.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
	0	0	Ą		.00	Ą		.000	Ą		Ą	
HOSPITAL BASED	0						.00			.00		.00
HEMODIALYSIS CENTER	0	0			.00	4	.00	.000	4	.00		.00
@REHABILITATION FACILITY	U	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	4.		.00		.00	.000	4.	.00	4.	.00
@LABORATORY FACILITY	1	2	\$		25.28	\$	12.64	1.000	\$	25.28	\$	12.64
PATHOLOGY	1	2			25.28		12.64	1.000		25.28		12.64
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$		529.08	\$	176.36	1.500	\$	176.36	\$	264.54
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3			529.08		176.36	1.500		176.36		264.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	JRES	MONTH-C	F-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 10,124
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
	SUMMARY OF SERV		SOC	- PREGN	ANT		AID CODE	87				
								M	IONTH	ILY AVERA	GE -	
02 ELIGIBLES	USERS	UNITS OF SERVI	CE	EX	PENDITURES	AVE	RAGE COST					COST PER
	0.0	OR DAYS OF CAR						PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	010 21112 01 011	\$		.00	\$	.00	.000				
DURABLE MED. EQUIP.	Ő	ő	~		.00	т.	.00	.000	7	.00	7	.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
CIMAII ADDIO	U	U			.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,125 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR MIA -	SOC -	TOTAL		M	ı∪ıım.	א כויינא איינו	CE.	
14 ELIGIBLES	USERS	UNITS OF SERVIC	T.	EXPENDITURES	ATTED ACE CO	DST UNITS/DAY		HLY AVERA COST PER	_	COST PER
14 FDIGIBLES	USERS	OR DAYS OF CAR		EXPENDITORES		DAY PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	19	456	ь \$	66,694.24	\$ 146.20			3510.22	\$	4763.87
	6	10								17.80
@PHYSICIANS SERVICES	1		\$	249.25	\$ 24.93		Þ	41.54 24.00	\$	
OUTPATIENT VISITS	1	1		24.00						1.71
OFFICE VISITS	1	1		24.00	24.0			24.00		1.71
HOME VISITS	0	0		.00	.00			.00		.00
EMERGENCY ROOM	0	0		.00	.00			.00		.00
PREVENTIVE CARE	0	0		.00	.00			.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00			.00		.00
OTHER OUTPATIENT	0	0 2		.00	.00			.00		.00
INPATIENT VISITS	2			55.00	27.50			27.50		3.93
HOSPITAL VISITS	0	0		.00	.00			.00		.00
CRITICAL CARE	0	0		.00	.00			.00		.00
SNF/ICF/TRANS IP CARE	2	2		55.00	27.50			27.50		3.93
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00	.00			.00		.00
PRINCIPAL SURGEON	0	0		.00	.00			.00		.00
ASSISTANT SURGEON	0	0		.00	.00			.00		.00
ANESTHESIOLOGIST	0	0		.00	.00			.00		.00
DIALYSIS	0	0		.00	.00			.00		.00
PATHOLOGY	1	3		136.25	45.42			136.25		9.73
RADIOLOGY	3	4		34.00	8.50			11.33		2.43
PSYCHIATRY	0	0		.00	.00			.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	. 00			.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00			.00		.00
@PHARMACY	12	107	\$	3,938.94	\$ 36.83		ċ.	328.25	Ś	281.35
PRESCRIPTION DRUGS	11	47	Ą	3,745.87	79.70		Ą	340.53	Ą	267.56
SNF/ICF	10	46		3,742.01	81.3			374.20		267.29
		_ <del></del>		3,742.01						
OUTPATIENTS	1	1			3.80			3.86		. 28
MEDICAL SUPPLIES	0	60	à	193.07	3.2		4	193.07	4	13.79
@DENTIST	0	0	\$	.00	\$ .00		Ş	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00			.00		.00
ORAL SURGERY	0	0		.00	.00			.00		.00
DRUGS	0	0		.00	.00			.00		.00
ANESTHESIA	0	0		.00	.00			.00		.00
PERIODONTICS	0	0		.00	.00			.00		.00
ENDODONTICS	0	0		.00	.00			.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00			.00		.00
PROSTHETICS	0	0		.00	.00	000.		.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 10,126
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - SOC - TOTAL DITIMAC COUNTY

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR MIA - S	SOC -	- TOTAL							
									HLY AVERA		
14 ELIGIBLES	USERS	UNITS OF SERVICE	<b>∃</b>	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	42.85	\$	14.28	.214	\$	42.85	\$	3.06
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000	-	.00	-	.00
EYE APPLIANCES	1	3		42.85		14.28	.214		42.85		3.06
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
VISITS	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	\$		\$			4		4	
@PODIATRIST	0	0	Ą	.00	Ą	.00	.000	Ą	.00	\$	.00
MEDICINE/INJECTIONS	0	-		.00		.00	.000		.00		.00
SURGERY/ANES.	U	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	28	\$	1,987.30	\$	70.98	2.000	\$		\$	141.95
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	38	\$	621.72	\$	16.36	2.714	\$	77.72	\$	44.41
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Õ	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0									
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	•		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	38		621.72		16.36	2.714		77.72		44.41
MEDICAL	2	2		40.34		20.17	.143		20.17		2.88
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	19		298.61		15.72	1.357		59.72		21.33
RADIOLOGY	2	3		65.78		21.93	.214		32.89		4.70
ROOM USE	2	2		64.00		32.00	.143		32.00		4.57
CROSSOVERS/ALL OTH OUTPTNT	3	12		152.99		12.75	.857		51.00		10.93
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	n	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
INPATIENT CROSSOVERS	U	0					.000		.00		.00
ALL OTHER INPATIENT	U	U		.00		.00	.000				
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	U	U		.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 10,127
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04

PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC	- TOTAL								01,23,01
							N	TOON	HLY AVERA	GE	
14 ELIGIBLES	USERS UNIT	'S OF SERVICE	EXDE	NDITURES	ΔVEI	RAGE COST	UNITS/DA				COST PER
11 22101222		DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	38 \$		621.72	\$	16.36	2.714		77.72		44.41
	0	0 ş		.00	Ą	.00	.000	Ą	.00	Ą	.00
COMM HOSP INPATIENT TOTAL	0										
HSC HOSPITALS	· ·	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8	38		621.72		16.36	2.714		77.72		44.41
MEDICAL	2	2		40.34		20.17	.143		20.17		2.88
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	19		298.61		15.72	1.357		59.72		21.33
RADIOLOGY	2	3		65.78		21.93	.214		32.89		4.70
ROOM USE	2	2		64.00		32.00	.143		32.00		4.57
CROSSOVERS/ALL OTH OUTPINT	2	12		152.99		12.75	.857		51.00		10.93
@STATE HOSPITAL	0	0 \$		.00	\$	.00	.000	\$	.00	Ġ	.00
	0	0 \$		.00	Ą	.00	.000	Ą		Ą	.00
MENTALLY ILL	0	0							.00		
DEVELOP. DISABLED	7		-	.00	4	.00	.000	4	.00	4	.00
@NURSING FACILITY	/	251 \$	5	7,837.90	\$	230.43	17.929	\$	8262.56	Ş	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	251	5	7,837.90		230.43	17.929		8262.56		4131.28
@INTERMEDIATE CARE FACILDD	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	•	.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2 \$		25.28	\$	12.64	.143	Ś	25.28	Ś	1.81
PATHOLOGY	1	2		25.28	τ	12.64	.143	~	25.28	Υ.	1.81
XO AND OTHERS	Û	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5 \$		758.16	Ċ	151.63	.357	\$	189.54	Ċ	54.15
CLINIC	Û	0		.00	٧	.00	.000	Y	.00	Y	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000				.00
HEROIN DETOX CLINIC	4	5		758.16		151.63	.357		.00 189.54		.00 54.15
RURAL HEALTH CLINIC	MEDI GAI GERMAGE AN		MONTH!! OF					שפע		-	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MON.T.H - OF, -	PAYMENT F	KFFOK.I.	FOR JAN	∠UU3 THRU	DEC	∠003	F	PAGE 10,128
MOP024	FEE-FOR-SERVICE/DENT		moma r								01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC	- TOTAL								

14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	12	\$ 1,232.84	\$ 102.74	.857	\$ 410.95	\$ 88.06
DURABLE MED. EQUIP.	1	1	55.60	55.60	.071	55.60	3.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	9	60.34	6.70	.643	60.34	4.31
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	9	60.34	6.70	.643	60.34	4.31
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	1,116.90	558.45	.143	1116.90	79.78
PROSTHETICS	1	2	1,116.90	558.45	.143	1116.90	79.78
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000		\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,129
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

1 = 01 = 10 0 0 0 11 1 1	DOIMMENT OF DELL'							
						MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	;	.00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	5	.00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 10,130
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	E USE				

					N	IONTH:	LY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE C	OST UNITS/DAY	S C	OST PER	(	COST PER
		OR DAYS OF CARE		PER UNIT/	DAY PER ELIC		USER		ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .0		\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.0	0 .000		.00		.00
EYE APPLIANCES	0	0	.00	.0			.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.0	0 .000		.00		.00
@CHIROPRACTOR	0	0 \$	.00	\$ .0	0 .000	\$	.00	\$	.00
VISITS	0	0	.00	.0	0 .000		.00		.00
OTHER SERVICES	0	0	.00	.0	0 .000		.00		.00
@PODIATRIST	0	0 \$	.00	\$ .0	0 .000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00	.0	0 .000		.00		.00
SURGERY/ANES.	0	0	.00	.0	0 .000		.00		.00
RADIO./PATHOLOGY	0	0	.00	.0			.00		.00
OTHER	0	0	.00	.0			.00		.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .0		\$	.00	\$	.00
NURSE ANESTHESIST	0	0 \$	.00	\$ .0		\$	.00	\$	.00
NURSE MIDWIFE	0	0 \$	.00	\$ .0	0 .000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .0	0 .000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .0	0 .000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .0	0 .000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00	.0	0 .000		.00		.00
HSC HOSPITALS	0	0	.00	.0	0 .000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.0	0 .000		.00		.00
ACCOMMODATIONS	0	0	.00	.0	0 .000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.0	0 .000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.0	0 .000		.00		.00
ALL OTHER ACCOM	0	0	.00	.0	0 .000		.00		.00
ANCILLARIES	0	0	.00	.0	0 .000		.00		.00
INPATIENT CROSSOVERS	0	0	.00	.0	0 .000		.00		.00
ALL OTHER INPATIENT	0	0	.00	.0	0 .000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00	.0	0 .000		.00		.00
MEDICAL	0	0	.00	.0	0 .000		.00		.00
SURGERY	0	0	.00	.0	0 .000		.00		.00
PATHOLOGY	0	0	.00	.0	0 .000		.00		.00
RADIOLOGY	0	0	.00	.0	0 .000		.00		.00
ROOM USE	0	0	.00	.0	0 .000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.0	0 .000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .0	0 .000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.0		•	.00		.00
HSC HOSPITALS	0	0	.00	.0	0 .000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REPO	RT FOR JAN 20	03 THRU DE	C 2003	PAGE 10,131
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	OR FOR FUTURE U	JSE				
				-	MON	ITHLY AVERAG	E
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES A	VERAGE COST U	NITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE	P	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AGE COST	UNITS/DAYS	COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		Ś	.00
COMM HOSP INPATIENT TOTAL	Ō	0	т	.00	т	.00	.000	.00	- T	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	Ō	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	Ō	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	_	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PAG	E 10,132
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	RE USE								
							l	HTMON	ILY AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,133 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

								MO	NT	HLY AVERA	GE		
57 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPE	NDITURES	AVE	RAGE COST	UNITS/DAYS	į	COST PER		COST PER	
		OR DAYS OF CA	RE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE	
@TOTAL, ALL PROVIDERS	44	555	\$	7	2,516.97	\$	130.66	9.737	\$	1648.11	\$	1272.23	
@PHYSICIANS SERVICES	12	17	\$		1,007.04	\$	59.24	.298	\$	83.92	\$	17.67	
OUTPATIENT VISITS	2	2			150.31		75.16	.035		75.16		2.64	
OFFICE VISITS	1	1			24.00		24.00	.018		24.00		.42	
HOME VISITS	0	0			.00		.00	.000		.00		.00	
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00	
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00	
OB VISITS/COMPRE PERI	1	1			126.31		126.31	.018		126.31		2.22	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	55.00	27.50	.035	27.50	.96
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.035	27.50	.96
OPHTHALMOLOGICAL SERVICES	<u> </u>	0	.00	.00	.000	.00	.00
EXAMINATIONS	Ô	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	Ô	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	408.21	408.21	.018	408.21	7.16
PRINCIPAL SURGEON	1	1	408.21	408.21	.018	408.21	7.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00			.00	
ASSISTANT SURGEON	0	0		.00	.000		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	U	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	238.14	39.69	.105	79.38	4.18
RADIOLOGY	5	6	155.38	25.90	.105	31.08	2.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	16	113 \$	4,073.76	\$ 36.05	1.982 \$		
PRESCRIPTION DRUGS	15	53	3,880.69	73.22	.930	258.71	68.08
SNF/ICF	10	46	3,742.01	81.35	.807	374.20	65.65
OUTPATIENTS	5	7	138.68	19.81	.123	27.74	2.43
MEDICAL SUPPLIES	1	60	193.07	3.22	1.053	193.07	3.39
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 10,134
MOP024	FEE-FOR-SERVICE						01/29/04
PLUMAS COUNTY		VICES FOR MEDICALLY IN	IDIGENT - ADIILTS -	- TOTAL			,,
1 201110 0001111	Bornanci di Berr	1020 1011 112011221 11	.5102111 1150215	101112	MON	THLY AVERA	GE
57 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	2	7 \$	133.15	\$ 19.02	.123 \$		_
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.018	47.45	.83
EYE APPLIANCES	2	6	85.70	14.28	.105	42.85	1.50
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
ACTITION DATE OF TOTAL OF THE PROPERTY OF THE	0	0 6	.00	.00	٠٥٥٥.		

					1.1014	11111 1 11 1 11 11 11 11	J L L
57 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	2	7 \$	133.15	\$ 19.02	.123 \$	66.58	\$ 2.34
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.018	47.45	.83
EYE APPLIANCES	2	6	85.70	14.28	.105	42.85	1.50
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	1	28	\$ 1,987.30	\$ 70.98	.491	\$ 1987.30	\$ 34.86
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	17	85	\$ 1,524.32	\$ 17.93	1.491	\$ 89.67	\$ 26.74
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	17	85		1,524.32		17.93	1.491	8	39.67		26.74
MEDICAL	4	4		230.72		57.68	.070	Ţ	57.68		4.05
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	10	41		541.04		13.20	.719	į	54.10		9.49
RADIOLOGY	4	5		187.26		37.45	.088	4	16.82		3.29
ROOM USE	7	8		226.22		28.28	.140	3	32.32		3.97
CROSSOVERS/ALL OTH OUTPTNT	7	27		339.08		12.56	.474	4	18.44		5.95
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR:	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC 200	) 3	PA	GE 10,135
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R MEDICAL:	LY I	NDIGENT - ADULTS -	- TOT	AL					
							M	ONTHLY	AVERA	GE -	

						M	TMC	'HLY AVERA	.GE	
57 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	85	\$ 1,524.32	\$	17.93	1.491	\$	89.67	\$	26.74
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	17	85	1,524.32		17.93	1.491		89.67		26.74
MEDICAL	4	4	230.72		57.68	.070		57.68		4.05
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	10	41	541.04		13.20	.719		54.10		9.49
RADIOLOGY	4	5	187.26		37.45	.088		46.82		3.29
ROOM USE	7	8	226.22		28.28	.140		32.32		3.97
CROSSOVERS/ALL OTH OUTPTNT	7	27	339.08		12.56	.474		48.44		5.95
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	7	251	\$ 57,837.90	\$	230.43	4.404	\$	8262.56	\$	1014.70
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	7	251	57,837.90		230.43	4.404		8262.56		1014.70
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	7	\$ 60.83	\$	8.69	.123	\$	15.21	\$	1.07
PATHOLOGY	4	7	60.83		8.69	.123		15.21		1.07
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	33	\$ 4,643.19	\$	140.70	.579	\$	244.38	\$	81.46
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	33	4,643.19		140.70	.579		244.38		81.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 10,136
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R MEDICALL	Y INDIGENT - ADULTS	- TOT	CAL					

FIUMAS COUNTI	POLIMANT OF PRIVATOR	ES FOR MEDICA	THI TINDI	GENI - ADUDIS -	IOIAL			
						MO	NTHLY AVERA	GE
57 ELIGIBLES	USERS UI	NITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	14	\$	1,249.48	\$ 89.25	.246	\$ 312.37	\$ 21.92
DURABLE MED. EQUIP.	1	1		55.60	55.60	.018	55.60	.98
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	9		60.34	6.70	.158	60.34	1.06
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	1	9		60.34	6.70	.158	60.34	1.06
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		16.64	8.32	.035	16.64	.29
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		1,116.90	558.45	.035	1116.90	19.59
PROSTHETICS	1	2		1,116.90	558.45	.035	1116.90	19.59
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000		\$ .00
@XOVER EXCLUDING STATE HOSP**		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATI	E INFORMATION	TTEM ONL	Υ;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,137 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR ALL AGED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

3,453 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,013	61,824 \$		\$ 97.47	17.904		\$ 1745.22
@PHYSICIANS SERVICES	366	846 \$	•		.245	•	\$ 3.57
OUTPATIENT VISITS	1	1	68.35		.000	68.35	.02
OFFICE VISITS	0	0	.00		.000	.00	.00
HOME VISITS	0	0	.00		.000	.00	.00
EMERGENCY ROOM	1	1	68.35		.000	68.35	.02
PREVENTIVE CARE	0	0	.00		.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00		.000	.00	.00
OTHER OUTPATIENT	0	U	.00		.000	.00	.00
INPATIENT VISITS	1	1	46.44		.000	46.44	.01
HOSPITAL VISITS	1	0	46.44		.000	46.44 .00	.01
CRITICAL CARE SNF/ICF/TRANS IP CARE	0	0	.00		.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.000	.00	.00
EXAMINATIONS	0	0	.00		.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.000	.00	.00
OUTPATIENT SURGERY	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	145.00	48.33	.001	72.50	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.000	.00	.00
OTHER SERVICES/ALL X-OVERS	362	841	12,083.07		.244	33.38	3.50
@PHARMACY	2,375	21,832 \$			6.323		
PRESCRIPTION DRUGS	2,359	10,057	652,257.00		2.913	276.50	188.90
SNF/ICF	874	4,956	292,200.69	58.96	1.435	334.33	84.62
OUTPATIENTS	1,499	5,101	360,056.31		1.477	240.20	104.27
MEDICAL SUPPLIES	94	11,775	11,159.81		3.410	118.72	3.23
@DENTIST	19 14	56 \$ 33	3,102.00 383.00	\$ 55.39 11.61	.016 .010	\$ 163.26 27.36	\$ .90 .11
VISITS - DIAGNOSTIC ORAL SURGERY	3	12	461.00	38.42	.003	153.67	.13
DRUGS		0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00		.000	100.00	.03
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.06
ENDODONTICS	0	0	.00		.000	.00	.00
RESTORATIVE DENTISTRY	3	4	133.00	33.25	.001	66.50	.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	5	1,825.00	365.00	.001	456.25	.53
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 10,138
MOP024	FEE-FOR-SERVICE	Z/DENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR ALL AGED					
2 452							GE
3,453 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
@ODEOMEED I GE	100	OR DAYS OF CARE	0 204 72	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	120	322 \$			.093		· ·
DIAGNOSTIC AND ANC. PROCED	16	16	787.38	49.21	.005	49.21	. 23

EYE APPLIANCES	79	238	6,395.26	26.87	.069	80.95	1.85
OTHER OPTOMETRIC SERVICES	41	68	1,122.08	16.50	.020	27.37	.32
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	5 \$	47.00	\$ 9.40	.001 \$	9.40	•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	5	47.00	9.40	.001	9.40	.01
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	457	2,040 \$	63,554.10	\$ 31.15	.591 \$	139.07	\$ 18.41
HOSP INPATIENT TOTAL	58	196	43,413.57	221.50	.057	748.51	12.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	58	196	43,413.57	221.50	.057	748.51	12.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	428	1,844	20,140.53	10.92	.534	47.06	5.83
MEDICAL	1	2	102.70	51.35	.001	102.70	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	121.44	11.04	.003	30.36	.04
RADIOLOGY	2	4	118.70	29.68	.001	59.35	.03
ROOM USE	2	2	65.88	32.94	.001	32.94	.02
CROSSOVERS/ALL OTH OUTPTNT	425	1,825	19,731.81	10.81	.529	46.43	5.71
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	DNIH-OF-PAYMENI R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 10,139
MOP024	FEE-FOR-SERVICE						01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR ALL AGED			MONTE	יע כובונע אנובו	717
3,453 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MALE COCT	MONTI		COST PER
2,422 EUIGIDHES	CATECO	OR DAYS OF CARE	EWE EMPTIONES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	457	2,040 \$	63,554.10	\$ 31.15	.591 \$	139.07	
COMM HOSP INPATIENT TOTAL		196	43,413.57	221.50	.057	748.51	12.57
-00	מר						
HSC HOSPITALS	58 0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	58	196	43,413.57	221.50	.057	748.51	12.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	428	1,844	20,140.53	10.92	.534	47.06	5.83
MEDICAL	1	2	102.70	51.35	.001	102.70	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	121.44	11.04	.003	30.36	.04
RADIOLOGY	2	4	118.70	29.68	.001	59.35	.03
ROOM USE	2	2	65.88	32.94	.001	32.94	.02
CROSSOVERS/ALL OTH OUTPTNT	425	1,825	19,731.81	10.81	.529	46.43	5.71
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL		0	0		.00		.00	.000		.00		.00
DEVELOP. DISABI	LED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	Z	1,087	33,679	\$	5,137,176.70	\$	152.53	9.754	\$	4726.01	\$	1487.74
LEV A-INTERMED	IATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD		0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE	FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE	HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITION	ONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR		1,087	33,679		5,137,176.70		152.53	9.754		4726.01		1487.74
@INTERMEDIATE CAR	RE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH		0	0		.00		.00	.000		.00		.00
ICF DD		0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN		0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TO	ΓAL	6	10	\$	2,003.07	\$	200.31	.003	\$	333.85	\$	.58
HOSPITAL BASED		0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CH	ENTER	6	10		2,003.07		200.31	.003		333.85		.58
@REHABILITATION H	FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED		0	0		.00		.00	.000		.00		.00
INDEPENDENT FAC	CILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACII	LITY	2	2	\$	120.50	\$	60.25	.001	\$	60.25	\$	.03
PATHOLOGY		0	0		.00		.00	.000		.00		.00
XO AND OTHERS		2	2		120.50		60.25	.001		60.25		.03
@ORGANIZED OUTPAT	TIENT CLINIC	707	1,212	\$	80,738.90	\$	66.62	.351	\$	114.20	\$	23.38
CLINIC		2	4		201.30		50.33	.001		100.65		.06
SURGICENTER		3	4		395.34		98.84	.001		131.78		.11
HEROIN DETOX CI	LINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CI	LINIC	702	1,204		80,142.26		66.56	.349		114.16		23.21
#CALIF DEPT OF HE	EALTH SERV			URES N	MONTH-OF-PAYMENT R	EPOR	r for jan	2003 THRU	DEC	2003	P	AGE 10,140
MOP024		FEE-FOR-SERVICE/	DENTAL									01/29/04
PLUMAS COUNTY		SUMMARY OF SERVI	CES FOR ALL A	GED.								
								M	ONT	HLY AVERA	GE	

3,453 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	241	1,820 \$	55,431.95	\$ 30.46	.527		\$ 16.05
DURABLE MED. EQUIP.	11	32	5,065.98	158.31	.009	460.54	1.47
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	24	45	6,202.05	137.82	.013	258.42	1.80
MEDICAL TRANSPORTATION	43	1,127	20,016.50	17.76	.326	465.50	5.80
AMBULANCES/AIR TRANS	7	147	3,156.74	21.47	.043	450.96	.91
OTHER TRANS	20	303	1,320.51	4.36	.088	66.03	.38
OTHER SERVICES	22	677	15,539.25	22.95	.196	706.33	4.50
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	73	170	2,055.00	12.09	.049	28.15	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	59.94	19.98	.001	59.94	.02
PROSTHETIST/ORTHOTISTS	2	8	536.77	67.10	.002	268.39	.16
PROSTHETICS	2	8	536.77	67.10	.002	268.39	.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	4	153	17,000.22	111.11	.044	4250.06	4.92
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 91 282 4,495.49 15.94 .082 49.40 1.30 @CALIF. CHILDREN SERVICES\* 0 0 \$ .00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,141
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR ALL BLIND

----- MONTHLY AVERAGE -----USERS 216 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHARMACY @DENTTST VISITS - DIAGNOSTIC .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .000 .00 .00 0 .000 .00 ORAL SURGERY .00 .000 .00 DRUGS .00 .000 .00 ANESTHESIA .00 PERIODONTICS .000 .00 .00 ENDODONTICS .000 .00 .00 .00 RESTORATIVE DENTISTRY .000 .00 .00 .000 .00 .00 PROSTHETICS PROSTHETICS
DENTURES, STAYPLATES .00 .000 .00 .00 .00 .000 SPACE MAINTAINERS .000 .00 .00 . 00 MAXILLOFACIAL SERVICES . 00 FRACTURES, DISLOCATIONS .00 .00

ORTHODONTIC SERVICES ALL OTHER SERVICES

#CALIF DEPT OF HEALTH SERV

0 0 0 0

.00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

.00 .00 .000 .000 .00

.00 PAGE 10,142

MOP024 FEE-FOR-SERVICE/DENTAL CIMMARY OF CERVICES FOR

01/29/04

.00

1101 021	I DE I ON BENVICE/BENIME					0
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	ALL BLIND				
				MON	THLY AVERAGE	
216 BLIGIDIBG	HIGHDO INTEGO	E CEDITOR	DADDMDIMIDEO	ATTEDACE COOR TATEMO /DATE	COCH DED	000

FIONAS COUNTI	SUMMART OF SERV	TCES FOR ALL BUT	עווו				MO	ייידאי	TT 37 3 3 7 7 7 7 3	C E	
216 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7.	ERAGE COST					COST PER
ZIO ELIGIBLES	USERS			EXPENDITURES		R UNIT/DAY		, (	USER		ELIGIBLE
AODEOMETR I CE	1.4	OR DAYS OF CARE	\$	4 712 02				۲.			
@OPTOMETRIST	14 7	46	Þ	4,712.92	\$		.213	Þ	336.64 60.47	Þ	
DIAGNOSTIC AND ANC. PROCED		8		423.32		52.92	.037				1.96
EYE APPLIANCES	12	35		4,232.68		120.93	.162		352.72		19.60
OTHER OPTOMETRIC SERVICES	2	3		56.92		18.97	.014		28.46		. 26
@CHIROPRACTOR	0	0	\$		\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$		\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0 0 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$ \$ \$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	36	171	\$	14,483.55	\$	84.70	.792	\$	402.32	\$	67.05
HOSP INPATIENT TOTAL	5	24	•	7,317.03	•	304.88	.111		1463.41		33.88
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		4,013.03		2006.52	.009		4013.03		18.58
ACCOMMODATIONS	1	2		1,341.60		670.80	.009		1341.60		6.21
ADMINISTRATIVE DAYS	0 0 0 36 5 0 1 1 0 0 0 1 1 4 0 33	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,341.60			.009		1341.60		6.21
ANCILLARIES	<u></u>	0		2,671.43		.00	.000		2671.43		12.37
INPATIENT CROSSOVERS	4	22		3,304.00		670.80 .00 150.18	.102		826.00		15.30
ALL OTHER INPATIENT	0			.00		.00	. 000		. 00		.00
HOSP OUTPATIENT TOTAL	33	147		7,166.52		48.75	.681		217.17		33.18
MEDICAL	9	9		509.12		56.57	.042		56.57		2.36
SURGERY	9 1 9 9 16 18	ĺ		113.93		113.93	.005		217.17 56.57 113.93		.53
PATHOLOGY	9	33		396.30		12.01	.153		44.03		1.83
RADIOLOGY	9	13		1,708.11		131.39	.060		189.79		7.91
ROOM USE	16	20		750.47		37.52	.093		46.90		3.47
CROSSOVERS/ALL OTH OUTPINT	18	71		3,688.59		51.95	.329		204.92		17.08
@COUNTY HOSPITAL TOTAL	0	, ±	\$		\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL		0	٧	.00	Υ	.00	.000	٧	.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ô	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
10001 00E	U	U		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 .000 .00 0 .00 .00 PAGE 10,143

.00

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR ALL BLIN	ND							<b>~</b> =	
016							M			GE.	
216 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER	4.	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	171	\$	14,483.55	\$	84.70	.792	\$	402.32	\$	67.05
COMM HOSP INPATIENT TOTAL	5	24		7,317.03		304.88	.111		1463.41		33.88
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		4,013.03		2006.52	.009		4013.03		18.58
ACCOMMODATIONS	1	2		1,341.60		670.80	.009		1341.60		6.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0 2		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,341.60		670.80	.009		1341.60		6.21
ANCILLARIES	1	0		2,671.43		.00	.000		2671.43		12.37
INPATIENT CROSSOVERS	4	22		3,304.00		150.18	.102		826.00		15.30
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	33	147		7,166.52		48.75	.681		217.17		33.18
MEDICAL	9	9		509.12		56.57	.042		56.57		2.36
SURGERY	ĺ	1		113.93		113.93	.005		113.93		.53
PATHOLOGY	9	33		396.30		12.01	.153		44.03		1.83
RADIOLOGY	9	13		1,708.11		131.39	.060		189.79		7.91
ROOM USE	16	20		750.47		37.52	.093		46.90		3.47
CROSSOVERS/ALL OTH OUTPTNT		71		3,688.59		51.95	.329		204.92		17.08
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	ė.	.00	\$	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0										
DEVELOP. DISABLED	0	0	ė.	.00 3,570.00	۲.	.00	.000	ė.	.00	4	.00
@NURSING FACILITY	0		\$	•	Ş	.00	.000	\$	3570.00	Þ	16.53
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		3,570.00		.00	.000		3570.00	4.	16.53
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	6	\$	1,949.74	\$	324.96	.028	\$	487.44	\$	9.03
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	6		1,949.74		324.96	.028		487.44		9.03
@REHABILITATION FACILITY	1	3	\$	108.50	\$	36.17	.014	\$	108.50	\$	.50
HOSPITAL BASED	1	3		108.50		36.17	.014		108.50		.50
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	53	122	\$	11,123.17	\$	91.17	.565	\$	209.87	\$	51.50
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	53	122		11,123.17		91.17	.565		209.87		51.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES I	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2003 THRU	DEC	2003	E	AGE 10,144
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
PLUMAS COUNTY		VICES FOR ALL BLIN	ND								
							M	CNT	HLY AVERA	GE.	
216 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST					COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	33	26,572	\$	13,527.99	\$		123.019		409.94	\$	62.63

DURABLE MED. EQUIP.	4	15	2,920.20	194.68	.069	730.05	13.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	1,085	4,104.80	3.78	5.023	1368.27	19.00
AMBULANCES/AIR TRANS	1	40	751.40	18.79	.185	751.40	3.48
OTHER TRANS	1	1,044	1,553.40	1.49	4.833	1553.40	7.19
OTHER SERVICES	1	1	1,800.00	1800.00	.005	1800.00	8.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	14	151.07	10.79	.065	25.18	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	7	1,227.01	175.29	.032	306.75	5.68

PROSTHETICS	4	7	1,227.01	175.29	.032	306.75	5.68
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	188	2,133.42	11.35	.870	193.95	9.88
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	25,263	2,991.49	.12	116.958	186.97	13.85
@CALIF. CHILDREN SERVICES*	20	108	\$ 19,512.66	\$ 180.67	.500	\$ 975.63	\$ 90.34
@XOVER EXCLUDING STATE HOSP**	17	110	\$ 9,442.76	\$ 85.84	.509	\$ 555.46	\$ 43.72

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 10,145 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						M	ONT	HLY AVERA	GE.	
8,561 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	6,925	136,797	\$ 5,641,407.41	\$	41.24	15.979	\$	814.64	\$	658.97
@PHYSICIANS SERVICES	1,386	5,413	\$ 209,369.22	\$	38.68	.632	\$	151.06	\$	24.46
OUTPATIENT VISITS	319	409	16,113.49		39.40	.048		50.51		1.88
OFFICE VISITS	228	297	10,496.38		35.34	.035		46.04		1.23
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	58	62	3,776.42		60.91	.007		65.11		.44
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	45	50	1,840.69		36.81	.006		40.90		.22
INPATIENT VISITS	116	553	28,451.03		51.45	.065		245.27		3.32
HOSPITAL VISITS	111	477	18,929.94		39.69	.056		170.54		2.21
CRITICAL CARE	13	68	9,218.98		135.57	.008		709.15		1.08
SNF/ICF/TRANS IP CARE	3	8	302.11		37.76	.001		100.70		.04
OPHTHALMOLOGICAL SERVICES	12	12	473.91		39.49	.001		39.49		.06
EXAMINATIONS	12	12	473.91		39.49	.001		39.49		.06
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	55	382	34,960.94		91.52	.045		635.65		4.08
PRINCIPAL SURGEON	44	74	27,580.98		372.72	.009		626.84		3.22
ASSISTANT SURGEON	4	4	842.85		210.71	.000		210.71		.10
ANESTHESIOLOGIST	20	304	6,537.11		21.50	.036		326.86		.76
OUTPATIENT SURGERY	64	235	14,934.82		63.55	.027		233.36		1.74
PRINCIPAL SURGEON	53	78	12,246.40		157.01	.009		231.06		1.43
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	17	157	2,688.42		17.12	.018		158.14		.31
DIALYSIS	2	12	989.04		82.42	.001		494.52		.12
PATHOLOGY	107	246	5,383.94		21.89	.029		50.32		.63
RADIOLOGY	441	916	25,654.70		28.01	.107		58.17		3.00
PSYCHIATRY	3	3	219.87		73.29	.000		73.29		.03
IMMUNIZATION AND INJECTION	21	992	44,794.05		45.16	.116		2133.05		5.23
OTHER SERVICES/ALL X-OVERS	683	1,653	37,393.43		22.62	.193		54.75		4.37
@PHARMACY	5,896	64,629	\$ 2,651,775.81	\$	41.03	7.549	\$	449.76	\$	309.75
PRESCRIPTION DRUGS	5,855	26,515	2,609,957.02		98.43	3.097		445.77		304.87
SNF/ICF	113	837	59,657.91		71.28	.098		527.95		6.97
OUTPATIENTS	5,752	25,678	2,550,299.11		99.32	2.999		443.38		297.90
MEDICAL SUPPLIES	305	38,114	41,818.79		1.10	4.452		137.11		4.88
@DENTIST	76	352	\$ 15,700.70	\$	44.60	.041	\$	206.59	\$	1.83
VISITS - DIAGNOSTIC	48	181	3,166.70		17.50	.021		65.97		.37
ORAL SURGERY	14	50	2,723.00		54.46	.006		194.50		.32

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.04
PERIODONTICS	4	7	900.00	128.57	.001	225.00	.11
ENDODONTICS	3	4	520.00	130.00	.000	173.33	.06
RESTORATIVE DENTISTRY	17	77	3,875.00	50.32	.009	227.94	.45
PROSTHETICS	0	1	30.00	30.00	.000	.00	.00
DENTURES, STAYPLATES	9	18	3,486.00	193.67	.002	387.33	.41
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	10	700.00	70.00	.001	87.50	.08
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 10,146
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR ALL DISABL	ED				
					MO	NTHLY AVERAC	GE
8,561 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OD DAVC OF CADE		מער/ הדואוו ממט	Z DED ETTO	TICED	ET TOTOTE

					MONT		E
8,561 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INDATIENT TOTAL	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY			
@OPTOMETRIST	459	1,343 \$	32,784.50 7,440.42 23,068,43	\$ 24.41	.157 \$		
DIAGNOSTIC AND ANC. PROCED	172	175	7,440.42	42.52	.020	43.26	.87
EYE APPLIANCES	363	1,046	23,000.13	22.03	.122	63.55	2.69
OTHER OPTOMETRIC SERVICES	76	122	2,275.65	18.65	.014	29.94	.27
@CHIROPRACTOR	9	13 \$	177.40	\$ 13.65	.002 \$	19.71	\$ .02
VISITS	7	9	150.48	16.72	.001		.02
OTHER SERVICES	2	4	26.92	6.73	.000	13.46	.00
@PODIATRIST	4	4 6 \$	433.25	\$ 72.21	.001 \$	108.31	\$ .05
MEDICINE/INJECTIONS	0	0	.00	.00	.000		
SURGERY/ANES.	1	1	.00 281.65 .00	281.65	.000	.00 281.65 .00	.03
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	5	151.60	30.32	.001	50.53	.02
@HOME HEALTH AGENCY	63	387 \$	26,404.54			419.12	
NURSE ANESTHESIST	1	17 \$			.002 \$		\$ .02
NURSE MIDWIFE	0	17 \$ 0 \$ 0 \$ 0 \$ 10,204 \$ 774	.00	\$ .00	.000 \$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0 š	. 0.0	\$ .00	.000 \$	.00	
FAMILY NURSE PRACTITIONER	0	0 š	. 0.0	\$ .00	.000 \$	.00	
@TOTAL HOSPITAL	1.925	10.204 \$	1.359.889.18	\$ 133.27		706.44	
HOSP INPATIENT TOTAL	189	774	1 086 929 87	1404 30	.090	5750.95	126.96
HSC HOSPITALS	33	170	227 958 00	1340 93	.020	6907.82	26.63
NON-HSC HOSPITAL TOTAL	80	359	799 947 49	2228 27	.042	9999.34	93.44
ACCOMMODATIONS	79	359	271 395 25	755 98	.042	3435.38	31.70
ADMINISTRATIVE DAVS	2	10	2 313 00	231 30	.001	1156 50	.27
TRANSITIONAL TO CARE	0	0	2,313.00	00	.000	1156.50 .00	.00
ALL OTHER ACCOM	78	349	269 082 25	771 01	.041	3449.77	31.43
AMCTILARTES	80	0	528 552 24	771.01	.000	6606.90	61.74
TNDATIENT CDOCCOVEDC	80	245	50,332.24	240 92	.029	737.80	6.89
ALL OUTED INDATIFAT	00	243	00,024.30	240.92	.000	737.00	.00
HOCD OTTENT TOTAL	1 9/13	0 430	272 959 31	28 05	1.102	1/10 11	31.88
MEDICAL	1,0±3 55Ω	9,430 1 N24	51 886 77	20.93 50.67	.120	.00 148.11 92.99	6.06
GIIDGEDV	220	94	11 453 25	121 84	.011	136.35	1.34
@TOTAL HOSPITAL  HOSP INPATIENT TOTAL  HSC HOSPITALS  NON-HSC HOSPITAL TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT  HOSP OUTPATIENT TOTAL  MEDICAL  SURGERY  PATHOLOGY  RADIOLOGY  ROOM USE  CROSSOVERS (ALL OTH OUTPATIT	600	9,430 1,024 94 3,138 689 932 3,553	11,400.00 25 075 00	11 01	.367	50.54	4.12
PADIOI OCA PATIONOGI	098 444	3,130 600	33,4/3.39 57 200 54	11.24 02 10	.080	129.07	6.69
ROOM USE	444 611	022	37,308.54	40.74	.109	62.14	4.44
CROSSOVERS/ALL OTH OUTPTNT	ρΤΤ	934 9 EE9	31,909.12 70 065 F4	40.74	.109	62.14 79.86	4.44 9.24
@COUNTY HOSPITAL TOTAL	990	3,333 10 Å	79,065.54	22.23	.415		
@COUNTI HOSPITAL INDAMENT MOMAT	4	689 932 3,553 18 \$ 2 2 0 0	2,474.34	ρ 137.46 1100.00	.002 \$		
CO HOSPITAL INPATIENT TOTAL	1	2	2,200.00 2,200.00	1100.00		2200.00 2200.00	. 26
HSC HOSPITALS	1	2	2,200.00		.000	∠∠∪∪.∪∪	.26
NON-HSC HOSPITALS TOTAL	0	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00	.00 .00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	
TRANSITIONAL IP CARE	Ω	()	0.0	.00	$\alpha\alpha$	(1)(1)	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ō	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	16	274.34	17.15	.002	91.45	.03
MEDICAL	2	2	50.56	25.28	.000	25.28	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	64.97	32.49	.000	64.97	.01
ROOM USE	2	2	71.38	35.69	.000	35.69	.01
CROSSOVERS/ALL OTH OUTPINT	1	10	87.43	8.74	.001	87.43	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 10,147
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR ALL DISABLED					
					_	ITHLY AVERAC	
8,561 ELIGIBLES		NITS OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,923	10,186 \$	1,357,414.84	\$ 133.26	1.190 \$		\$ 158.56
COMM HOSP INPATIENT TOTAL	188	772	1,084,729.87	1405.09	.090	5769.84	126.71
HSC HOSPITALS	32	168	225,758.00	1343.80	.020	7054.94	26.37
NON-HSC HOSPITALS TOTAL	80	359	799,947.49	2228.27	.042	9999.34	93.44
ACCOMMODATIONS	79	359	271,395.25	755.98	.042	3435.38	31.70
ADMINISTRATIVE DAYS	2	10	2,313.00	231.30	.001	1156.50	. 27
TRANSITIONAL IP CARE							
ALL OTHER ACCOM	78	0 349	.00 269,082.25	.00 771.01	.000 .041	.00 3449.77	.00 31.43

528,552.24

272,684.97

51,836.21

11,453.35

35,275.39

57,243.57

37,898.34

78,978.11

415,437.84

415,437.84

10,203.54

10,203.54

3,646.28

3,223.47

11,204.74

11,164.48

636,748.97

4,294.25

422.81

40.26

59,024.38

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

.00

.00

240.92

28.97

50.72

121.84

11.24

83.32

40.75

22.29

157.96

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

157.96

637.72

637.72

32.56

36.63

17.62

13.65

13.80

126.31

93.35

3.36

.000

.029

.000

.119

.011

.367

.080

.109

.414

.000

.000

.000

.307

.000

.000

.000

.000

.000

.307

.000

.000

.000

.000

.002

.000

.002

.013

.010

.003

.096

.094

.001

.589

.005

\$

1.100

6606.90

737.80

148.12

136.35

50.54

62.13

79.86

4072.92

4072.92

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

784.89

784.89

280.48

268.62

422.81

47.28

47.71

13.42

Ś

238.22

214.71

129.22

93.23

.00

61.74

31.85

6.05

1.34

4.12

6.69

4.43

9.23

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

1.19

1.19

.00

.43

.38

.05

1.31

1.30

74.38

.00

.50

48.53

48.53

6.89

.00

0

0

94

687

930

0

0

0

0

0

0

0

0

0

0

16

16

88

24

821

809

5,041

12

46

112

245

9,414

1,022

3,138

3,543

2,630

2,630

80

0

1,841

556

698

610

989

102

0

102

13

13

12

1

237

234

2,673

3

20

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY ROOM USE

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

LEV B-REHAB MD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

@ORGANIZED OUTPATIENT CLINIC

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

CLINIC

@LABORATORY FACILITY

ICF DDH

ICF DD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

INPATIENT CROSSOVERS

CROSSOVERS/ALL OTH OUTPTNT

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL

7 22 1,029.81 46.81 .003 147.12 .12 SURGICENTER .00 HEROIN DETOX CLINIC 0 0 .00 .000 .00 .00 RURAL HEALTH CLINIC 2,657 4,973 631,424.91 126.97 .581 237.65 73.76 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 10,148 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

MONTETT V ATTEDACE

						MO	NTHLY AVERA	GE
8,561 ELIGIBLES	USERS U	NITS OF SERVICE	E	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	973	45,813	\$	267,461.51	\$ 5.84	5.351	\$ 274.88	\$ 31.24
DURABLE MED. EQUIP.	124	1,430		65,991.85	46.15	.167	532.19	7.71
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	8		1,083.04	135.38	.001	180.51	.13
MEDICAL TRANSPORTATION	169	26,707		123,344.86	4.62	3.120	729.85	14.41
AMBULANCES/AIR TRANS	125	2,178		40,170.42	18.44	.254	321.36	4.69
OTHER TRANS	28	24,205		37,903.68	1.57	2.827	1353.70	4.43
OTHER SERVICES	40	324		45,270.76	139.72	.038	1131.77	5.29
ACUPUNCTURE	3	8		151.38	18.92	.001	50.46	.02
ADULT DAY HEALTH CARE CTR	18	250		17,217.43	68.87	.029	956.52	2.01
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	305	733		8,616.79	11.76	.086	28.25	1.01
PHYSICAL THERAPIST	33	248		3,750.67	15.12	.029	113.66	.44
PORTABLE X-RAY	1	6		83.06	13.84	.001	83.06	.01
PROSTHETIST/ORTHOTISTS	12	38		4,463.72	117.47	.004	371.98	.52
PROSTHETICS	10	36		3,983.41	110.65	.004	398.34	.47
ORTHOTICS	2	2		480.31	240.16	.000	240.16	.06
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4		202.37	50.59	.000	101.19	.02
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	130	1,559		18,562.38	11.91	.182	142.79	2.17
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	227	14,821		23,888.96	1.61	1.731	105.24	2.79
@CALIF. CHILDREN SERVICES*	92	1,910	\$	155,943.64	\$ 81.65	.223	\$ 1695.04	\$ 18.22
@XOVER EXCLUDING STATE HOSP**	1,158	11,824	\$	173,639.33	\$ 14.69	1.381	\$ 149.95	\$ 20.28
@* TOTALS IN THESE LINES ARE GIT	VEN AS A SEPARAT	E INFORMATION ITE	EM ONLY;					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 10,149 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

1 201110 0001111	SOLUTION OF SELEC						
					MO1	NTHLY AVERA	GE
17,542 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8,780	42,561 \$	3,710,139.07	\$ 87.17	2.426	\$ 422.57	\$ 211.50
@PHYSICIANS SERVICES	1,178	3,460 \$	155,981.57	\$ 45.08	.197	132.41	\$ 8.89
OUTPATIENT VISITS	294	404	16,443.98	40.70	.023	55.93	.94
OFFICE VISITS	188	211	8,810.35	41.76	.012	46.86	.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	69	77	4,277.79	55.56	.004	62.00	.24
PREVENTIVE CARE	3	3	167.74	55.91	.000	55.91	.01
OB VISITS/COMPRE PERI	17	92	2,506.60	27.25	.005	147.45	.14
OTHER OUTPATIENT	21	21	681.50	32.45	.001	32.45	.04
INPATIENT VISITS	104	542	29,357.04	54.16	.031	282.28	1.67
HOSPITAL VISITS	98	438	17,416.64	39.76	.025	177.72	.99
CRITICAL CARE	10	104	11,940.40	114.81	.006	1194.04	.68

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	Λ	Λ	.00	.00	.000	.00	.00
- , - ,	5	Г					
OPHTHALMOLOGICAL SERVICES	5	5	256.96	51.39	.000	51.39	.01
EXAMINATIONS	5	5	256.96	51.39	.000	51.39	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	92	516	47,999.35	93.02	.029	521.73	2.74
PRINCIPAL SURGEON	69	114	40,141.70	352.12	.006	581.76	2.29
ASSISTANT SURGEON	8	8	1,167.79	145.97	.000	145.97	.07
ANESTHESIOLOGIST	26	394	6,689.86	16.98	.022	257.30	.38
OUTPATIENT SURGERY	88	287	19,196.14	66.89	.016	218.14	1.09
PRINCIPAL SURGEON	70	89	14,844.62	166.79	.005	212.07	.85
ASSISTANT SURGEON	3	3	266.58	88.86	.000	88.86	.02
ANESTHESIOLOGIST	26	195	4,084.94	20.95	.011	157.11	.23
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	146	247	9,503.19	38.47	.014	65.09	.54
RADIOLOGY	650	974	21,881.48	22.47	.056	33.66	1.25
PSYCHIATRY	6	6	439.74	73.29	.000	73.29	.03

IMMUNIZATION AND INJECTION	5	14	273.63		19.55	.001	54.73		.02
OTHER SERVICES/ALL X-OVERS	123	465	10,630.06		22.86	.027			.61
@PHARMACY	4,544	12,646 \$	678,276.41	Ś	53.64	.721		\$	38.67
PRESCRIPTION DRUGS	4,520	10,675	584,272.68		54.73	.609	129.26	•	33.31
SNF/ICF	4	17	1,521.90		89.52	.001	380.48		.09
OUTPATIENTS	4,518	10,658	582,750.78		54.68	.608	128.98		33.22
MEDICAL SUPPLIES	56	1,971	94,003.73		47.69	.112	1678.64		5.36
@DENTIST	130	672 \$	30,626.00	\$	45.57	.038	\$ 235.58	\$	1.75
VISITS - DIAGNOSTIC	92	280	5,600.00		20.00	.016	60.87		.32
ORAL SURGERY	29	116	9,268.75		79.90	.007	319.61		.53
DRUGS	7	8	200.00		25.00	.000	28.57		.01
ANESTHESIA	17	17	1,500.00		88.24	.001	88.24		.09
PERIODONTICS	1	1	200.00		200.00	.000	200.00		.01
ENDODONTICS	10	24	2,670.00		111.25	.001	267.00		.15
RESTORATIVE DENTISTRY	41	204	9,694.25		47.52	.012	236.45		.55
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	1	1	140.00		140.00	.000	140.00		.01
SPACE MAINTAINERS	2	2	222.00		111.00	.000	111.00		.01
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	11	14	945.00		67.50	.001	85.91		.05
ALL OTHER SERVICES	9	5	186.00		37.20	.000	20.67		.01
#CALIF DEPT OF HEALTH SERV			TH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU D	EC 2003	PI	AGE 10,150
MOP024	FEE-FOR-SERVICE/								01/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR ALL FAMILIES							
15 540							NTHLY AVERA		
17,542 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS			COST PER
o o Demonstrato T des	4.45	OR DAYS OF CARE	00 505 00			PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	447	1,271 \$	29,585.92	\$	23.28	.072	•	\$	1.69
DIAGNOSTIC AND ANC. PROCED	322	331	14,268.65		43.11		44.31		.81
EYE APPLIANCES	319	906	14,850.79		16.39		46.55		.85
OTHER OPTOMETRIC SERVICES	25	34	466.48	Ċ	13.72	.002	18.66	4	.03
@CHIROPRACTOR	1	1 \$	16.72	Ş	16.72	.000		Ş	.00
VISITS OTHER SERVICES	0	0	16.72 .00		16.72 .00	.000	16.72		.00
いょロでん シデ化ヘイビデジ	U	U	. 00				. 00		

USERS	UNITS OF SERVICE		EXPENDITURES					COST PER		COST PER
										ELIGIBLE
	•	\$		\$			\$		\$	1.69
										.81
	906		14,850.79					46.55		.85
25	34		466.48		13.72					.03
1	1	\$	16.72	\$	16.72		\$		\$	.00
1	1									.00
0	0									.00
6	9	\$	479.03	\$		.001	\$	79.84	\$	.03
3	3		130.51			.000		43.50		.01
1	1									.01
1	2									.00
2	3		221.29		73.76	.000		110.65		.01
14	63	\$	4,157.44	\$	65.99	.004	\$	296.96	\$	.24
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
1	3	\$	25.23	\$	8.41	.000	\$	25.23	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00		\$	.00	\$	.00
2,320	10,534	\$	1,603,354.68	\$		.601	\$		\$	91.40
133	667		1,292,501.76			.038				73.68
	100					.006				7.84
118	565		1,154,199.76		2042.83	.032		9781.35		65.80
117	565		463,883.89		821.03	.032		3964.82		26.44
2	15		3,469.50		231.30	.001		1734.75		.20
0	0		.00		.00	.000		.00		.00
117	550		460,414.39		837.12	.031		3935.17		26.25
117	0		690,315.87		.00	.000		5900.14		39.35
1	2		840.00		420.00	.000		840.00		.05
0	0		.00		.00	.000		.00		.00
2,255	9,867		310,852.92		31.50	.562		137.85		17.72
1,285	1,810		85,650.98		47.32	.103		66.65		4.88
182	226		24,870.45		110.05	.013		136.65		1.42
893	3,112		33,934.68		10.90	.177		38.00		1.93
	447 322 319 25 1 0 6 3 1 1 2 14 0 1 0 0 2,320 133 20 118 117 2 0 117 117 117 117 117 117 117	OR DAYS OF CAR:  447 322 331 319 906 25 34 1 1 1 0 0 0 6 9 3 1 1 1 2 2 2 3 14 63 0 0 0 1 3 0 0 0 2,320 10,534 133 667 20 100 118 565 117 565 2 15 0 0 117 550 117 0 2 2 0 2,255 9,867 1,285 1,810 182 226	OR DAYS OF CARE  447 322 331 319 906 25 34 1 1 1 0 0 0 6 9 \$ 3 1 1 1 2 2 2 3 14 63 \$ 0 0 \$ 0 \$ \$ 1 3 \$ \$ 0 0 \$ \$ 2,320 10,534 \$ 133 667 20 100 118 565 117 565 2 15 0 0 117 565 2 15 0 0 2,255 9,867 1,285 1,810 182 226	OR DAYS OF CARE  447  1,271  322  331  14,268.65  319  906  14,850.79  25  34  466.48  1  1  1  1  16.72  1  16.72  0  0  0  6  9  \$479.03  3  3  130.51  1  1  1  92.63  1  22  34.60  2  33  221.29  14  63  \$4,157.44  0  0  0  0  1  3  \$25.23  0  0  0  0  2,320  10,534  \$1,603,354.68  133  667  1,292,501.76  20  100  118  565  1,154,199.76  117  565  463,883.89  2  15  3,469.50  0  0  117  550  460,414.39  117  0  690,315.87  1  2  840.00  0  2,255  9,867  310,852.92  1,285  1,810  85,650.98  182  24,870.45	OR DAYS OF CARE  447 322 331 14,268.65 319 906 14,850.79 25 34 466.48 1 1 1 1 1 1 16.72 0 0 0 0 0 0 0 0 6 9 \$ 479.03 \$ 3 3 130.51 1 1 2 34.60 2 33 221.29 14 63 \$ 4,157.44 \$ 0 0 0 \$ 0 0 \$ 1 3 \$ 25.23 \$ 0 0 0 \$ 0 0 \$ 2,320 10,534 \$ 1,603,354.68 \$ 133 667 20 100 118 565 1,154,199.76 117 565 463,883.89 2 15 3,469.50 0 0 0 117 550 460,414.39 117 0 690,315.87 1 2 840.00 0 0 2,255 9,867 310,852.92 1,285 1,810 85,650.98 182 226 33 10,852.92 1,810 85,650.98 182	OR DAYS OF CARE         PER UNIT/DAY           447         1,271         \$ 29,585.92         \$ 23.28           322         331         14,268.65         43.11           319         906         14,850.79         16.39           25         34         466.48         13.72           1         1         16.72         \$ 16.72           1         1         16.72         16.72           0         0         .00         .00           6         9         \$ 479.03         \$ 53.23           3         3         130.51         43.50           1         1         92.63         92.63           1         1         92.63         92.63           1         2         34.60         17.30           2         3         221.29         73.76           14         63         \$ 4,157.44         \$ 65.99           0         0         \$ .00         \$ .00           1         3         \$ 25.23         \$ 8.41           0         0         \$ .00         \$ .00           2,320         10,534         1,603,354.68         \$ 152.21           133         <	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG           447         1,271         29,585.92         23.28         .072           322         331         14,268.65         43.11         .019           319         906         14,850.79         16.39         .052           25         34         466.48         13.72         .002           1         1         16.72         16.72         .000           0         0         .00         .00         .00         .00           6         9         \$ 479.03         \$ 53.23         .001           3         3         130.51         43.50         .00           1         1         1         92.63         92.63         .00           1         2         3         221.29         73.76         .000           1         2         3         221.29         73.76         .000           14         63         \$ 4,157.44         \$ 65.99         .004           0         0         \$ .00         .00         .00           1         3         \$ 25.23         \$ 8.41         .000           0         0         \$ .00	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG           447         1,271         \$ 29,585.92         \$ 23.28         .072         \$           322         331         14,268.65         43.11         .019           319         906         14,850.79         16.39         .052           25         34         466.48         13.72         .002           1         1         16.72         16.72         .000         \$           0         0         .00         .00         .00         .000         .000           6         9         \$ 479.03         \$ 53.23         .001         \$           3         3         130.51         43.50         .000         .000           1         1         1         92.63         92.63         .000         .000           1         1         2         34.60         17.30         .000<	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           447         1,271         \$ 29,585.92         \$ 23.28         .072         \$ 66.19           322         331         14,268.65         43.11         .019         44.31           319         906         14,850.79         16.39         .052         46.55           25         34         466.48         13.72         .002         18.66           1         1         \$ 16.72         \$ 16.72         .000         \$ 16.72           0         0         0         .00         .00         .00         .00           6         9         \$ 479.03         \$ 53.23         .001         \$ 79.84           3         3         130.51         43.50         .000         43.50           1         1         92.63         92.63         .000         92.63           1         2         34.60         17.30         .000         34.60           2         3         221.29         73.76         .000         10.65           14         63         \$ 4,157.44         \$ 65.99         .004         \$ 296.96           0         0         \$ .00	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           447         1,271         \$ 29,585.92         \$ 23.28         .072         \$ 66.19         \$           322         331         14,268.65         43.11         .019         44.31           319         906         14,850.79         16.39         .052         46.55           25         34         466.48         13.72         .000         18.66           1         1         16.72         16.72         .000         16.72         \$           1         1         16.72         16.72         .000         16.72         \$           1         1         16.72         16.72         .000         16.72         \$           1         1         1         16.72         16.72         .000         16.72         \$           1         1         1         16.72         16.72         .000         16.72         \$           1         1         1         19.03         \$         53.23         .001         \$         9.08         \$         100         \$         .000         92.63         .000         92.63         .000         92.63

RADIOLOGY	637	947	65,677.37	69.35	.054	103.10	3.74
ROOM USE	1,373	1,839	72,057.93	39.18	.105	52.48	4.11
CROSSOVERS/ALL OTH OUTPTNT	845	1,933	28,661.51	14.83	.110	33.92	1.63
@COUNTY HOSPITAL TOTAL	3	23 \$	576.64	\$ 25.07			\$ .03
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ALL OTHER ACCOM ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0		.00	.00		.00	.00
CO HOSP OUTPATIENT TOTAL	3	23	576.64	25.07		192.21	.03
MEDICAL	1	1	7.82	7.82		7.82	.00
SURGERY	1	2	57.32	28.66		57.32	.00
PATHOLOGY	2	10	164.78	16.48		82.39	.01
RADIOLOGY	0	0	.00	.00		.00	.00
ROOM USE	2	4	246.39	61.60	.000	123.20	.01
CROSSOVERS/ALL OTH OUTPTNT		6	100.33	16.72	.000	33.44	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JA	N 2003 THRU D	EC 2003	PAGE 10,151
MOP024	FEE-FOR-SERVIC						01/29/04
PLUMAS COUNTY	SUMMARY OF SER	VICES FOR ALL FAMILIES					
						NTHLY AVERA	GE
17,542 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			AY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,317	10,511 \$	1,602,778.04	\$ 152.49	.599	\$ 691.75	\$ 91.37
COMM HOSP INPATIENT TOTAL	133	667	1,292,501.76	1937.78	.038	9718.06	73.68
HSC HOSPITALS	20	100	137,462.00	1374.62	.006	6873.10	7.84
NON-HSC HOSPITALS TOTAL	118	565	1,154,199.76	2042.83	.032	9781.35	65.80
ACCOMMODATIONS	117	565	463,883.89	821.03	.032	3964.82	26.44
ADMINISTRATIVE DAYS	2	15	3,469.50	231.30	.001	1734.75	.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	117	550	460,414.39	837.12	.031	3935.17	26.25
ANCILLARIES	117	0	690,315.87	.00	.000	5900.14	39.35
INPATIENT CROSSOVERS	1	2	840.00	420.00	.000	840.00	.05
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
COMM HOSP OUTPATIENT TOTAL	2,252	9,844	310,276.28	31.52		137.78	17.69
MEDICAL	1,284	1,809	85,643.16	47.34		66.70	4.88
SURGERY	181	224	24,813.13	110.77	.013	137.09	1.41
PATHOLOGY	891	3,102	33,769.90	10.89	.177	37.90	1.93
RADIOLOGY	637	947	65,677.37	69.35		103.10	3.74
ROOM USE	1,371	1,835	71,811.54	39.13	.105	52.38	4.09
CROSSOVERS/ALL OTH OUTPTNT	842	1,927	28,561.18	14.82	.110	33.92	1.63
@STATE HOSPITAL	0	0 \$	.00	\$ .00		\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 0 \$	.00	\$ .00			\$ .00
LEV A-INTERMEDIATE	0	0 Ş	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00				.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00 .00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00

0

0

0

0

\$

\$

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00

\$

\$

.00

.00

.00

.00

.00

.00

.00 \$

\$

.00

.00

.00

.00

.00

.00

.00

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	117	\$	3,614.38	\$	30.89	.007	\$	602.40	\$	.21
HOSPITAL BASED	6	117		3,614.38	•	30.89	.007		602.40	•	.21
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	339	716	\$	13,054.50	\$	18.23	.041	\$	38.51	\$	.74
PATHOLOGY	339	716	·	13,054.50	•	18.23	.041	•	38.51	•	.74
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,341	6,938	\$	1,060,579.86	\$	152.87	.396	\$	244.32	\$	60.46
CLINIC	44	151		7,867.12		52.10	.009		178.80		.45
SURGICENTER	4	29		849.22		29.28	.002		212.31		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,306	6,758		1,051,863.52		155.65	.385		244.28		59.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 10,152
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR ALL FAM	MILIES	5							
							M	TNOI	HLY AVERA	GE -	
17,542 ELIGIBLES	USERS	INTERO OF OFFICE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	DAGE GOOM	TINTERO / DAY	7.0	COST PER		OST PER
I/, S4Z EDIGIDDES	CALCO	UNITS OF SERVICE		EXPENDITURES		RAGE COST				_	
17,542 EDIGIBLES		OR DAYS OF CAR			PER	UNIT/DAY	PER ELIG	;	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	1,169	OR DAYS OF CARI 6,131		130,387.33		UNIT/DAY 21.27	PER ELIG	;	USER 111.54	E	LIGIBLE 7.43
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	1,169	OR DAYS OF CARD 6,131 35	E	130,387.33 11,760.50	PER	UNIT/DAY 21.27 336.01	PER ELIG .350 .002	;	USER 111.54 534.57	E	LIGIBLE 7.43 .67
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	1,169	OR DAYS OF CARP 6,131 35 0	E	130,387.33 11,760.50	PER	UNIT/DAY 21.27 336.01 .00	PER ELIG .350 .002 .000	;	USER 111.54 534.57 .00	E	LIGIBLE 7.43 .67 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	1,169 22 0 1	OR DAYS OF CARI 6,131 35 0 2	E	130,387.33 11,760.50 .00 99.19	PER	2 UNIT/DAY 21.27 336.01 .00 49.60	PER ELIG .350 .002 .000	;	USER 111.54 534.57 .00 99.19	E	7.43 .67 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	1,169 22 0 1 77	OR DAYS OF CARI 6,131 35 0 2 2,136	E	130,387.33 11,760.50 .00 99.19 67,476.05	PER	2 UNIT/DAY 21.27 336.01 .00 49.60 31.59	PER ELIG .350 .002 .000 .000	;	USER 111.54 534.57 .00 99.19 876.31	E	LIGIBLE 7.43 .67 .00 .01 3.85
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	1,169 22 0 1 77 74	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65	PER	2 UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97	PER ELIG .350 .002 .000 .000 .122 .121	;	USER 111.54 534.57 .00 99.19 876.31 456.55	E	TIGIBLE 7.43 .67 .00 .01 3.85 1.93
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	1,169 22 0 1 77 74 0	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116 0	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65	PEF \$	2 UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97 .00	PER ELIG .350 .002 .000 .000 .122 .121	;	USER 111.54 534.57 .00 99.19 876.31 456.55	E	TIGIBLE 7.43 .67 .00 .01 3.85 1.93 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	1,169 22 0 1 77 74 0	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116 0 20	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65 .00 33,691.40	PEF \$	UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97 .00 1684.57	PER ELIG .350 .002 .000 .000 .122 .121 .000	;	USER 111.54 534.57 .00 99.19 876.31 456.55 .00 1773.23	E	TIGIBLE 7.43 .67 .00 .01 3.85 1.93 .00 1.92
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	1,169 22 0 1 77 74 0 19	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116 0 20 0	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65 .00 33,691.40	PEF \$	UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97 .00 1684.57	PER ELIG .350 .002 .000 .000 .122 .121 .000 .001	;	USER 111.54 534.57 .00 99.19 876.31 456.55 .00 1773.23	E	TIGIBLE 7.43 .67 .00 .01 3.85 1.93 .00 1.92 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	1,169 22 0 1 77 74 0 19 0	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116 0 20 0	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65 .00 33,691.40 .00	PEF \$	UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97 .00 1684.57	PER ELIG .350 .002 .000 .000 .122 .121 .000 .001	;	USER 111.54 534.57 .00 99.19 876.31 456.55 .00 1773.23 .00	E	TIGIBLE 7.43 .67 .00 .01 3.85 1.93 .00 1.92 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	1,169 22 0 1 77 74 0 19 0	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116 0 20 0 0 23	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65 .00 33,691.40 .00 .00	PEF \$	UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97 .00 1684.57 .00 .00	PER ELIG .350 .002 .000 .000 .122 .121 .000 .001	;	USER 111.54 534.57 .00 99.19 876.31 456.55 .00 1773.23 .00 .00 105.00	E	TIGIBLE 7.43 .67 .00 .01 3.85 1.93 .00 1.92 .00 .00 .14
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	1,169 22 0 1 77 74 0 19 0	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116 0 20 0 23 0	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65 .00 33,691.40 .00 2,415.00 .00	PEF \$	UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97 .00 1684.57 .00 105.00	PER ELIG .350 .002 .000 .000 .122 .121 .000 .001 .000	;	USER 111.54 534.57 .00 99.19 876.31 456.55 .00 1773.23 .00 .00 105.00 .00	E	TIGIBLE 7.43 .67 .00 .01 3.85 1.93 .00 1.92 .00 .01 .00 .14
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	1,169 22 0 1 77 74 0 19 0 0 23 0	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116 0 20 0 23 0 0	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65 .00 33,691.40 .00 .00 2,415.00 .00	PEF \$	UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97 .00 1684.57 .00 105.00 .00	PER ELIG .350 .002 .000 .000 .122 .121 .000 .001 .000 .001	\$P \$\$	USER 111.54 534.57 .00 99.19 876.31 456.55 .00 1773.23 .00 .00 105.00 .00	E	7.43 .67 .00 .01 3.85 1.93 .00 1.92 .00 .00 .14 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	1,169 22 0 1 77 74 0 19 0 23 0 0 305	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116 0 20 0 23 0 0 648	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65 .00 33,691.40 .00 .00 2,415.00 .00 .00 .00 .00	PEF \$	UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97 .00 1684.57 .00 .00 105.00 .00 10.15	PER ELIG .350 .002 .000 .000 .122 .121 .000 .001 .000 .001	\$P \$\$	USER 111.54 534.57 .00 99.19 876.31 456.55 .00 1773.23 .00 .00 105.00 .00 21.56	E	TIGIBLE 7.43 .67 .00 .01 3.85 1.93 .00 1.92 .00 .00 .14 .00 .00 .37
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	1,169 22 0 1 77 74 0 19 0 0 23 0	OR DAYS OF CARI 6,131 35 0 2 2,136 2,116 0 20 0 23 0 0	E	130,387.33 11,760.50 .00 99.19 67,476.05 33,784.65 .00 33,691.40 .00 .00 2,415.00 .00	PEF \$	UNIT/DAY 21.27 336.01 .00 49.60 31.59 15.97 .00 1684.57 .00 105.00 .00	PER ELIG .350 .002 .000 .000 .122 .121 .000 .001 .000 .001	\$P \$\$	USER 111.54 534.57 .00 99.19 876.31 456.55 .00 1773.23 .00 .00 105.00 .00	E	7.43 .67 .00 .01 3.85 1.93 .00 1.92 .00 .00 .14 .00

661.91

.00

661.91

.00

199.18

34,474.60

152,421.32

1,806.05

.00

.00

.00

.00

.00

\$

3,771.54

132.38

.00

132.38

.00

49.80

.00

11.73

.00

.00

.00

24.65

327.79

34.73

.00

.000

.000

.000

.000

.000

.000

.000

.168

.000

.000

.000

.009

.003 \$

661.91

.00

661.91

.00

99.59

.00

50.33

.00

.00

.00

114.29

75.25 \$

.027 \$ 3243.01 \$

.00

.04

.00

.04

.00

.01

.00

.00

.00

.00

.00

. 22

8.69

.10

1.97

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES\*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP\*\*

PROSTHETICS ORTHOTICS

HOSPICE SERVICES

PSYCHOLOGIST

0

0

0

0

33

24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,153
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

5

0

0

4

0

0

Ω

153

465

52

0

2,940

0

							MO	NTHLY AVERA	GE	
1,013 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	591	2,542	\$	222,582.32	\$	87.56	2.509	376.62	\$	219.73
@PHYSICIANS SERVICES	95	219	\$	11,622.04	\$	53.07	.216	122.34	\$	11.47

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	31	33		1,670.38		50.62	.033		53.88		1.65
OFFICE VISITS	26	28		1,178.50		42.09	.028		45.33		1.16
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		112.95		56.48	.002		56.48		.11
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	3	3		378.93		126.31	.003		126.31		.37
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	30		1,616.44		53.88	.030		179.60		1.60
	9										
HOSPITAL VISITS	/	24		1,023.24		42.64	.024		146.18		1.01
CRITICAL CARE	Ţ	4		538.20		134.55	.004		538.20		.53
SNF/ICF/TRANS IP CARE	2	2		55.00		27.50	.002		27.50		.05
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	34		3,997.76		117.58	.034		499.72		3.95
PRINCIPAL SURGEON	6	6		3,297.92		549.65	.006		549.65		3.26
ASSISTANT SURGEON	0	Ö		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	28		699.84		24.99	.028		233.28		.69
	5	14		927.50		66.25			185.50		
OUTPATIENT SURGERY	5						.014				.92
PRINCIPAL SURGEON	3	3		672.09		224.03	.003		224.03		.66
ASSISTANT SURGEON	Ü	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	11		255.41		23.22	.011		127.71		.25
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	19	29		938.26		32.35	.029		49.38		.93
RADIOLOGY	45	66		1,992.19		30.18	.065		44.27		1.97
PSYCHIATRY	1	1		73.29		73.29	.001		73.29		.07
IMMUNIZATION AND INJECTION	2	2		12.42		6.21	.002		6.21		.01
OTHER SERVICES/ALL X-OVERS	_ 5	10		393.80		39.38	.010		78.76		.39
@PHARMACY	232	480	\$	17,149.82	\$	35.73	.474	Ś	73.92	Ś	16.93
PRESCRIPTION DRUGS	230	419	٧	16,947.35	٧	40.45	.414	Y	73.68	٧	16.73
	10	46		3,742.01		81.35	.045		374.20		3.69
SNF/ICF											
OUTPATIENTS	220	373		13,205.34		35.40	.368		60.02		13.04
MEDICAL SUPPLIES	2	61		202.47	4.	3.32	.060		101.24	4.	.20
@DENTIST	13	35	\$	942.00	\$	26.91	.035	\$	72.46	\$	.93
VISITS - DIAGNOSTIC	4	21		312.00		14.86	.021		78.00		.31
ORAL SURGERY	1	4		530.00		132.50	.004		530.00		.52
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.10
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
SPACE MAINTAINERS	0	0				.00	.000				.00
MAXILLOFACIAL SERVICES	U	U		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	9	9		.00		.00	.009		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PA	GE 10,154
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR ALL MEI	DICA	LLY INDIGENT							
							M	ONTI	HLY AVERA	GE -	
1,013 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S (	COST PER	C	OST PER
,		OR DAYS OF CAR	E				PER ELIG		USER	E	LIGIBLE
@OPTOMETRIST	25	72	\$	1,680.77	\$	23.34	.071		67.23		1.66
DIAGNOSTIC AND ANC. PROCED	20	20	Ψ.	899.28	т′	44.96	.020	т.	44.96	т	.89
EYE APPLIANCES	18	51		769.49		15.09	.050		42.75		.76
OTHER OPTOMETRIC SERVICES	1	1		12.00		12.00	.001		12.00		.01
	0	0	ċ,		ė			ė.	.00	ė,	
@CHIROPRACTOR			\$	.00	\$	.00	.000	Ą		\$	.00
VISITS	0	0		.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	35	\$ 2,421.85	\$ 69.20	.035	\$ 605.46	\$ 2.39
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	151	603	\$ 64,168.23	\$ 106.41	.595	\$ 424.96	\$ 63.34
HOSP INPATIENT TOTAL	10	44	46,637.95	1059.95	.043	4663.80	46.04
HSC HOSPITALS	2	13	11,682.00	898.62	.013	5841.00	11.53
NON-HSC HOSPITAL TOTAL	8	31	34,955.95	1127.61	.031	4369.49	34.51
ACCOMMODATIONS	8	31	15,698.79	506.41	.031	1962.35	15.50

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0						
ALL OTHER ACCOM	8	31	15,698.79	506.41	.031	1962.35	15.50
ANCILLARIES	8	0	19,257.16	.00	.000	2407.15	19.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	145	559	17,530.28	31.36	.552	120.90	17.31
MEDICAL	69	92	4,861.61	52.84	.091	70.46	4.80
SURGERY	7	8	1,475.44	184.43	.008	210.78	1.46
PATHOLOGY	61	204	2,385.84	11.70	.201	39.11	2.36
RADIOLOGY	41	53	3,288.69	62.05	.052	80.21	3.25
ROOM USE	73	90	3,381.73	37.57	.089	46.33	3.34
CROSSOVERS/ALL OTH OUTPINT	49	112	2,136.97	19.08	.111	43.61	2.11
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
		·					•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Ô	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0						
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
			.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0 ES AND EXPENDITURES	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES /DENTAL	.00 MONTH-OF-PAYMENT RI	.00	.000	.00	.00 PAGE 10,155
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES	.00 MONTH-OF-PAYMENT RI	.00	.000 2003 THRU DE	.00 C 2003	.00 PAGE 10,155 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURES //DENTAL ICES FOR ALL MEDICA	.00 MONTH-OF-PAYMENT RI LLY INDIGENT	.00 EPORT FOR JAN	.000 2003 THRU DE	.00 C 2003 THLY AVERA	.00 PAGE 10,155 01/29/04 GE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES COMMENTAL CICES FOR ALL MEDICA UNITS OF SERVICE	.00 MONTH-OF-PAYMENT RI LLY INDIGENT	.00 EPORT FOR JAN AVERAGE COST	.000 2003 THRU DE MON UNITS/DAYS	.00 C 2003 THLY AVERA COST PER	.00 PAGE 10,155 01/29/04 GE COST PER
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 ES AND EXPENDITURES //DENTAL ICES FOR ALL MEDICA	.00 MONTH-OF-PAYMENT RI LLY INDIGENT	.00 EPORT FOR JAN	.000 2003 THRU DE MON UNITS/DAYS	.00 C 2003 THLY AVERA	.00 PAGE 10,155 01/29/04 GE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 ES AND EXPENDITURES CONTROL CICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY	.000 2003 THRU DE MON UNITS/DAYS PER ELIG	.00 C 2003 THLY AVERA COST PER USER	.00 PAGE 10,155 01/29/04 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	0 ES AND EXPENDITURES CONTROL CICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 106.41	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$	.00 C 2003 THLY AVERA COST PER USER 424.96	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 ES AND EXPENDITURES //DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043	.00 C 2003 THLY AVERA COST PER USER 424.96 4663.80	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	0 ES AND EXPENDITURES CONTAL TICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013	.00 C 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	O DES AND EXPENDITURES TO THE PROPERTY OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00 34,955.95	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031	.00 C 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	0 ES AND EXPENDITURES CONTAL TICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013	.00 C 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	0 ES AND EXPENDITURES DENTAL TICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00 34,955.95 15,698.79	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	0 ES AND EXPENDITURES CONTRACT CICES FOR ALL MEDICA  UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 31 0	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	O ES AND EXPENDITURES COMMENTAL CICES FOR ALL MEDICA  UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 31 0	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .031 .000	.00 C 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	O ES AND EXPENDITURES CONTRACT CICES FOR ALL MEDICA  UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 31 0 0 0 31	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .013 .031 .031 .000 .000 .000	.00 C 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	O ES AND EXPENDITURES  //DENTAL ICES FOR ALL MEDICA  UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 0 0 31	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .031 .000	.00 C 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 151	O ES AND EXPENDITURES  //DENTAL ICES FOR ALL MEDICA  UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 0 0 31	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 1962.35 2407.15	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  151 10 2 8 8 0 0 0 8 8	O ES AND EXPENDITURES I/DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 0 0 0 31 0 0 0 0 0 0 0 0 0 0 0	.00 MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 .00 1962.35 2407.15	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  151 10 2 8 8 0 0 0 8	O ES AND EXPENDITURES TO THE PROPERTY OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 00 0 31 0 0 0 0 0 0 0 0 0 0 0	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000 .000	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  151 10 2 8 8 0 0 0 145	O ES AND EXPENDITURES TO ENTAL TICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 00 0 311 0 0 0 559	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000 .031 .000 .000	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15 .00 .00	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  151 10 2 8 8 0 0 0 8	O ES AND EXPENDITURES TO THE PROPERTY OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 00 0 31 0 0 0 0 0 0 0 0 0 0 0	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000 .000	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15 .00 .00 120.90 70.46	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  151 10 2 8 8 0 0 0 145	O ES AND EXPENDITURES TO ENTAL TICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 00 0 311 0 0 0 559	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000 .031 .000 .000	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15 .00 .00	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  151 10 2 8 8 0 0 0 145 69 7	O ES AND EXPENDITURES DENTAL TICES FOR ALL MEDICA  UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 0 0 0 559 92 8	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000 .031 .000 .000	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15 .00 .00 120.90 70.46 210.78	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  151 10 2 8 8 0 0 0 145 69 7 61	O ES AND EXPENDITURES TO DENTAL TICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 00 0 0 31 0 0 0 559 92 8 204	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000 .031 .000 .000	.00 CC 2003 THLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15 .00 .00 120.90 70.46 210.78 39.11	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46 2.36
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  151 10 2 8 8 0 0 0 145 69 7 61 41	O ES AND EXPENDITURES I/DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 00 0 0 311 0 0 0 559 92 8 204 53	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84 3,288.69	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70 62.05	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000 .000 .00	.00 CC 2003 CTHLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15 .00 .00 120.90 70.46 210.78 39.11 80.21	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46 2.36 3.25
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  151 10 2 8 8 0 0 0 145 69 7 61 41 73	O ES AND EXPENDITURES //DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 00 0 31 00 0 559 92 8 204 53 90	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84 3,288.69 3,381.73	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70 62.05 37.57	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000 .000 .00	.00 CC 2003  CTHLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15 .00 .00 120.90 70.46 210.78 39.11 80.21 46.33	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46 2.36 3.25 3.34
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  151 10 2 8 8 0 0 0 145 69 7 61 41	O ES AND EXPENDITURES I/DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 31 00 0 0 311 0 0 0 559 92 8 204 53	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84 3,288.69	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70 62.05	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .031 .000 .000 .000 .000 .00	.00 CC 2003 CTHLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15 .00 .00 120.90 70.46 210.78 39.11 80.21	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46 2.36 3.25
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE REPORT OF SER	O ES AND EXPENDITURES //DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 00 0 31 0 0 0 559 92 8 204 53 90 112	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84 3,288.69 3,381.73 2,136.97	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70 62.05 37.57 19.08	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .000 .000 .000 .000 .000 .00	.00 CC 2003  CTHLY AVERA COST PER USER 424.96 4663.80 5841.00 4369.49 1962.35 .00 .00 1962.35 2407.15 .00 .00 120.90 70.46 210.78 39.11 80.21 46.33 43.61	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46 2.36 3.25 3.34 2.11
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  151 10 2 8 8 0 0 0 145 69 7 61 41 73 49 0	0 ES AND EXPENDITURES  //DENTAL ICES FOR ALL MEDICA  UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 0 0 0 0 559 92 8 204 53 90 112 0 \$	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84 3,288.69 3,381.73 2,136.97 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70 62.05 37.57 19.08 \$ .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .000 .000 .000 .000 .000 .552 .091 .008 .201 .008 .201 .052 .089 .111 .000 \$	.00 CC 2003 CC	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46 2.36 3.25 3.34 2.11 \$ .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  151 10 2 8 8 8 0 0 0 145 69 7 61 41 73 49 0 0	0 ES AND EXPENDITURES    DENTAL     ICES FOR ALL MEDICA     UNITS OF SERVICE OR DAYS OF CARE     603	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84 3,288.69 3,381.73 2,136.97 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70 62.05 37.57 19.08 \$ .00 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .000 .000 .000 .000 .000 .552 .091 .008 .201 .052 .089 .111 .000 \$	.00 CC 2003 CC	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46 2.36 3.25 3.34 2.11 \$ .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  151 10 2 8 8 8 0 0 0 145 69 7 61 41 73 49 0 0 0 0	O ES AND EXPENDITURES TOENTAL TICES FOR ALL MEDICA  UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 00 0 0 31 0 0 559 92 8 204 53 90 112 0 \$ 0 0 \$	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84 3,288.69 3,381.73 2,136.97 .00 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70 62.05 37.57 19.08 \$ .00 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .000 .000 .000 .031 .000 .000	.00 CC 2003 CC 2005 CC	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .17.31 4.80 1.46 2.36 3.25 3.34 2.11 \$ .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 151 10 2 8 8 8 0 0 0 8 8 8 0 0 0 145 69 7 61 41 73 49 0 0 0 0 7	0 ES AND EXPENDITURES    DENTAL     ICES FOR ALL MEDICA     UNITS OF SERVICE OR DAYS OF CARE     603	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84 3,288.69 3,381.73 2,136.97 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70 62.05 37.57 19.08 \$ .00 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .000 .000 .000 .000 .000 .552 .091 .008 .201 .052 .089 .111 .000 \$	.00 CC 2003 CC 2005 CC	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46 2.36 3.25 3.34 2.11 \$ .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  1,013 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  151 10 2 8 8 8 0 0 0 145 69 7 61 41 73 49 0 0 0 0	O ES AND EXPENDITURES TOENTAL TICES FOR ALL MEDICA  UNITS OF SERVICE OR DAYS OF CARE 603 \$ 44 13 31 00 0 0 31 0 0 559 92 8 204 53 90 112 0 \$ 0 0 \$	.00 MONTH-OF-PAYMENT RI LLY INDIGENT  EXPENDITURES  64,168.23 46,637.95 11,682.00 34,955.95 15,698.79 .00 .00 15,698.79 19,257.16 .00 .00 17,530.28 4,861.61 1,475.44 2,385.84 3,288.69 3,381.73 2,136.97 .00 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 106.41 1059.95 898.62 1127.61 506.41 .00 .00 506.41 .00 .00 31.36 52.84 184.43 11.70 62.05 37.57 19.08 \$ .00 .00	.000 2003 THRU DE MON UNITS/DAYS PER ELIG .595 \$ .043 .013 .031 .000 .000 .000 .031 .000 .000	.00 CC 2003 CC 2005 CC	.00 PAGE 10,155 01/29/04  GE COST PER ELIGIBLE \$ 63.34 46.04 11.53 34.51 15.50 .00 .00 15.50 19.01 .00 .00 17.31 4.80 1.46 2.36 3.25 3.34 2.11 \$ .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	251		57,837.90		230.43	.248		8262.56		57.10
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	23	58	\$	796.96	\$	13.74	.057	\$	34.65	\$	.79
PATHOLOGY	23	58		796.96		13.74	.057		34.65		.79
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	283	421	\$	58,676.08	\$	139.37	.416	\$	207.34	\$	57.92
CLINIC	2	18		452.04		25.11	.018		226.02		.45
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	282	403		58,224.04		144.48	.398		206.47		57.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	JRES MONT	TH-OF-PAYMENT RE	PORT	FOR JAN 2003	THRU	DEC	2003	PI	AGE 10,156
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	ALL M	EDICALLY	INDIGENT							

----- MONTHLY AVERAGE -----

1,013 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7,286.67 @ALL OTHER PROVIDERS 368 19.80 .363 \$ 127.84 \$ 7.19 DURABLE MED. EQUIP. 1 55.60 55.60 .001 55.60 .05 BLOOD BANK 0 .00 .00 .000 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 119 2,640.03 22.19 330.00 MEDICAL TRANSPORTATION .117 2.61 AMBULANCES/AIR TRANS 109 1,623.44 14.89 .108 231.92 1.60 OTHER TRANS 9 60.34 6.70 .009 60.34 .06 OTHER SERVICES 956.25 956.25 956.25 .001 ACUPUNCTURE .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 105.00 105.00 .001 105.00 GENETIC DISEASE TESTING .10 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 36 346.72 9.63 .036 20.40 .34 PHYSICAL THERAPIST 27 442.32 16.38 .027 110.58 .00 PORTABLE X-RAY .00 .00 .000 .00 1,116.90 558.45 .002 1116.90 PROSTHETIST/ORTHOTISTS 1.10 1,116.90 558.45 .002 1116.90 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 11 626.79 626.79 PSYCHOLOGIST 56.98 .011 .62 SPEECH AND AUDIOLOGY 111.44 55.72 .002 111.44 .11 HOSPICE SERVICES .00 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 1,841.87 10.90 80.08 1.82 169 .167 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 ALL OTHER PROVIDERS 0 .00 .000 .00 .00 .00 1,209.94 @CALIF. CHILDREN SERVICES\* 16 75.62 .016 302.49 Ś 1.19 @XOVER EXCLUDING STATE HOSP\*\* 0 0 .00 .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,157 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR	RENAL D.	LALYSIS		AID CODES	/ <u>1</u>			
							MC	NTHLY AVI	RAGI	·
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PI	:R	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$ .00	.000	\$ .0	00 5	.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$ .00	.000			.00
OUTPATIENT VISITS	0		Ö	7	.00	.00	.000		0	.00
OFFICE VISITS	0		0		.00	.00	.000	. (		.00
	0		0		.00	.00	.000		0	.00
HOME VISITS	0		0							
EMERGENCY ROOM	U		U		.00	.00	.000	. (		.00
PREVENTIVE CARE	Ü		0		.00	.00	.000	. (		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000		0 (	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	. (	0	.00
INPATIENT VISITS	0		0		.00	.00	.000	. (	0 (	.00
HOSPITAL VISITS	0		0		.00	.00	.000	. (	0 (	.00
CRITICAL CARE	0		0		.00	.00	.000	. (	0	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	. (	0 (	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	. (	0	.00
EXAMINATIONS	Ô		Ô		.00	.00	.000	. (		.00
SERVICES AND MATERIALS	Õ		0		.00	.00	.000		0	.00
	0		0		.00	.00	.000		0	.00
INPATIENT HOSPITAL SURGERY	0		0							
PRINCIPAL SURGEON	U		U		.00	.00	.000		0	.00
ASSISTANT SURGEON	U		0		.00	.00	.000	. (		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	. (		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000		0 (	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	. (	0 (	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	. (	0 (	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	. (	0 (	.00
DIALYSIS	0		0		.00	.00	.000	. (	0	.00
PATHOLOGY	0		0		.00	.00	.000	. (		.00
RADIOLOGY	0		Ô		.00	.00	.000	. (		.00
PSYCHIATRY	Ô		Ô		.00	.00	.000	. (		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	. (		.00
	0		0							
OTHER SERVICES/ALL X-OVERS	0		0	A	.00	.00	.000		00	.00
@PHARMACY	U		-	\$	.00	\$ .00	.000		00 8	
PRESCRIPTION DRUGS	0		0		.00	.00	.000	. (		.00
SNF/ICF	0		0		.00	.00	.000	. (		.00
OUTPATIENTS	0		0		.00	.00	.000		0 (	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	. (	0 (	.00
@DENTIST	0		0	\$	.00	\$ .00	.000	\$ .0	00 5	.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	. (	0 (	.00
ORAL SURGERY	0		0		.00	.00	.000	. (	0	.00
DRUGS	0		0		.00	.00	.000		0	.00
ANESTHESIA	0		0		.00	.00	.000	. (		.00
PERIODONTICS	Ô		Ô		.00	.00	.000	. (		.00
ENDODONTICS	0		0		.00	.00	.000	. (		.00
	0		0							
RESTORATIVE DENTISTRY	0		0		.00	.00	.000		0 0	.00
PROSTHETICS	U		U		.00	.00	.000		0 0	.00
DENTURES, STAYPLATES	Ü		U		.00	.00	.000		0 (	.00
SPACE MAINTAINERS	Ü		U		.00	.00	.000	. (		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000		0 (	.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	. (		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	. (	0 (	.00
ALL OTHER SERVICES	0		0		.00	.00	.000	. (	0 (	.00
UGAT TO DODE OF HEAT MY GODII	MEDI GII GERIIIGE	G 3375 577	CENTE THEFE			DODE BOD TANK	0000 miini	T 0 0 0 0 0		D3 GE 10 150

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 10,158 01/29/04

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR RENAL DIALYSIS

MOP024

PLUMAS COUNTY

AID CODES 71

PLUMAS COUNTY	SUMMARY OF SERVICES FOR	RENAL D	IALYSIS		AID CODES			
							THLY AVERAG	E
00 ELIGIBLES	USERS UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE			PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	.00	\$ .00
VISITS	0	0	·	.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000		\$ .00
MEDICINE/INJECTIONS	0	Ö	т	.00	.00	.000	.00	.00
SURGERY/ANES.	0	Ö		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	Ö		.00	.00	.000	.00	.00
OTHER	0	Ö		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000		\$ .00
NURSE ANESTHESIST	0	0	Ģ.	.00	\$ .00	.000		\$ .00
NURSE MIDWIFE	0	0	ې خ	.00	•			\$ .00
	0	0	ې خ		\$ .00			•
PEDIATRIC NURSE PRACTITIONER	0	0	Ş Ċ	.00	\$ .00	.000		\$ .00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$ .00	.000		\$ .00
@TOTAL HOSPITAL	0	-	Ş	.00	\$ .00	.000		\$ .00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	U	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	Ō		.00	.00	.000	.00	.00
RADIOLOGY	0	Ō		.00	.00	.000	.00	.00
ROOM USE	0	Ō		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ö		.00	.00	.000	.00	.00
	MEDI-CAL SERVICES AND EX	PENDITURI	ES MONTE					PAGE 10,159
							-	01 (00 (04

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	0		d		4			4		4	
@STATE HOSPITAL	U	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0									
LEV B-REGULAR	U	0		.00	_	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
HOSPITAL BASED	0	0	-	.00	-	.00	.000	т.	.00	т	.00
HEMODIALYSIS CENTER	0	Ö		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		\$	.00		\$	.00	\$	.00
	0		Ą	.00	Ą			Ą		Ą	
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0	•		•	.00	.000		.00	•	.00
		U		. 00							
	0	0		.00							
SURGICENTER	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 0	0		.00 .00 .00		.00 .00 .00	.000 .000 .000	<b>D</b>	.00 .00 .00		.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	0 0 CES AND EXPENDIT	URES M	.00	EPOR	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	Pi	.00 .00 .00 AGE 10,160
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 CES AND EXPENDIT E/DENTAL		.00 .00 .00 .00 ONTH-OF-PAYMENT R	EPOR'	.00 .00 .00 T FOR JAN 2	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	Ρž	.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 CES AND EXPENDIT		.00 .00 .00 .00 ONTH-OF-PAYMENT R	EPOR'	.00 .00 .00	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	Ρź	.00 .00 .00 AGE 10,160
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 CES AND EXPENDIT E/DENTAL		.00 .00 .00 .00 ONTH-OF-PAYMENT R	EPOR'	.00 .00 .00 T FOR JAN 2	.000 .000 .000 2003 THRU		.00 .00 .00		.00 .00 .00 AGE 10,160 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 CES AND EXPENDIT E/DENTAL	DIALY	.00 .00 .00 .00 ONTH-OF-PAYMENT R		.00 .00 .00 I FOR JAN 2	.000 .000 .000 2003 THRU	IONT	.00 .00 .00 2003	GE ·	.00 .00 .00 AGE 10,160 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	MEDI-CAL SERVION FEE-FOR-SERVION SUMMARY OF SER	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL UNITS OF SERVI	DIALY CE	.00 .00 .00 .00 ONTH-OF-PAYMENT R	AV	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY	IONT	.00 .00 .00 2003	GE ·	.00 .00 .00 AGE 10,160 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL UNITS OF SERVIOOR DAYS OF CA	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES	AV PE	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	IONT S	.00 .00 .00 2003 THLY AVERA COST PER USER	GE ·	.00 .00 .00 AGE 10,160 01/29/04  COST PER ELIGIBLE
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL UNITS OF SERVIOR DAYS OF CAI 0	DIALY CE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00	AV	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000	IONT S	.00 .00 .00 2003 THLY AVERA COST PER USER .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04  COST PER ELIGIBLE .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL UNITS OF SERVIOOR DAYS OF CA	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00	AV PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	IONT S	.00 .00 .00 2 2003 PHLY AVERA COST PER USER .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL  UNITS OF SERVI OR DAYS OF CA 0 0 0	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00	AV PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	IONT S	.00 .00 .00 2003 PHLY AVERA COST PER USER .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL UNITS OF SERVIOR DAYS OF CAI 0	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00	AV PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 .00 .00 2 2003 PHLY AVERA COST PER USER .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04  COST PER ELIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL  UNITS OF SERVI OR DAYS OF CA 0 0 0	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00	AV PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04  COST PER ELIGIBLE .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL  UNITS OF SERVI OR DAYS OF CA 0 0 0	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00	AV PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL  UNITS OF SERVI OR DAYS OF CA 0 0 0	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00	AV PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL  UNITS OF SERVI OR DAYS OF CA 0 0 0	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00	AV PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 .00 .00 .2003 THLY AVERA COST PER USER .00 .00 .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL  UNITS OF SERVI OR DAYS OF CA 0 0 0	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00	AV PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAL  UNITS OF SERVI OR DAYS OF CA 0 0 0	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00	AV PE	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONT S	.00 .00 .00 .2003 THLY AVERA COST PER USER .00 .00 .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00	AV PE	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT S	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00	GE ·	.00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00	AV PE	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AV PE	.00 .00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AV PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AV PE	.00 .00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALY CE RE	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	IONT S	.00 .00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 .00 AGE 10,160 01/29/04 

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
@* TOTALS IN THESE LINES ARE CIVEN A	TTKGKGTD & D	TMEORMATION	TTEM ONLY:					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 10,161 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE	:/DENTAL											01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PI	ARENT	ERAL NUTRITION		AID CODES	73				
									M	CNO	THLY AVERAC	GE ·	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	CE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS						UNIT/DAY			USER	1	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	011 21110	0		\$	.00	\$	.00	.000		.00	\$	.00
@PHYSICIANS SERVICES	0		0		\$	.00	Š	.00	.000	Š	.00	Ŝ	.00
OUTPATIENT VISITS	0		0		٧	.00	٧	.00	.000	Y	.00	Y	.00
OFFICE VISITS	0		0			.00		.00	.000		.00		.00
HOME VISITS	0		0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0			.00		.00	.000		.00		.00
	0		0			.00		.00	.000		.00		
PREVENTIVE CARE	0		0										.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0			.00		.00	.000		.00		.00
INPATIENT VISITS	0		0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0			.00		.00	.000		.00		.00
CRITICAL CARE	0		0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00		.00
EXAMINATIONS	0		0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
DIALYSIS	0		n			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	Ō		0			.00		.00	.000		.00		.00
PSYCHIATRY	Ō		0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00	.000		.00		.00
@PHARMACY	0		0		\$	.00	\$	.00	.000	Ġ	.00	\$	.00
PRESCRIPTION DRUGS	0		0		Ą	.00	Ą	.00	.000	Ą	.00	Ą	
	0		0			.00		.00	.000		.00		.00
SNF/ICF	0		0										
OUTPATIENTS	0		0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0			.00		.00	.000		.00		.00
@DENTIST	0		0		\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0			.00		.00	.000		.00		.00
ORAL SURGERY	0		0			.00		.00	.000		.00		.00
DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	0		0			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00

RESTORATIVE DENTISTRY	0	Ο	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	Ö	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU D	EC 2003	PAGE 10,162
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR TOTAL PAREN	TERAL NUTRITION	AID CODES	73		
					MOI	NTHLY AVERAG	E

PLUMAS COUNTY	SUMMARI OF SERV	VICES FOR	IOIAL P	AKENIE	MOITITON	F	AID CODES				a-	
00 ELIGIDIES	HOEDC	INITEG OF	CEDITA		EXPENDIBLE	7.7.7.	NACE COCE	M				
00 ELIGIBLES	USERS	UNITS OF	OF CARE		EXPENDITURES			UNITS/DAY		USER		COST PER ELIGIBLE
@OPTOMETRIST	0	OR DAYS	OF CARE	; \$	.00	PER \$	.00	.000		.00		
	0		-	Ş	.00	Þ		.000	Ş		Þ	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00			.00		
EYE APPLIANCES	0		0					.000				.00
OTHER OPTOMETRIC SERVICES	0		0	Å	.00	à	.00	.000	4	.00	4	.00
@CHIROPRACTOR	U		0	\$		\$	.00	.000	Ş	.00	Ş	
VISITS	U		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00	_	.00	.000		.00	_	.00
@PODIATRIST	0		0	\$		\$	.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$		\$	.00	.000	\$	.00		.00
NURSE ANESTHESIST	0		0	\$ \$ \$ \$		\$	.00	.000	\$	.00		.00
NURSE MIDWIFE	0		0	\$		\$	.00	.000	\$		\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$	.00	.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	0			\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		Ô		.00		.00	.000		.00		.00
SURGERY	n		Õ		.00		.00	.000		.00		.00
PATHOLOGY	n		Õ		.00		.00	.000		.00		.00
RADIOLOGY	0		Õ		.00		.00	.000		.00		.00
ROOM USE	0		Õ		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	י ה		Ő		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$		\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	. O		0	Y	.00	Y	.00	.000	٧	.00	Y	.00
HSC HOSPITALS	O		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
	0		0		.00							
TRANSITIONAL IP CARE	0		U				.00	.000		.00		.00
ALL OTHER ACCOM	U		U		.00		.00	.000		.00		.00
ANCILLARIES	0		U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ô	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 10,163
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLUMAS COUNTY		ICES FOR TOTAL PAR	ENTERAL NUTRITION	AID CODE	S 73		
	Sommer of Serv		EDIVIDIGID IVOTICITION	TIED CODE	MON'	THIV AMEDA	GF
OO ELICIDIEC	HCEDC	INITEC OF CEDITOR	EADEMDIATIOEC	ATTEDACE COC			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	Ü	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ô	.00	.00	.000	.00	.00
	0	0					
COMM HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	Ô	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	U	•	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$		\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
	0	0					
LEV B-SUBACUTE FREESTANDING	U	U	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	Ô	.00	.00	.000	.00	.00
	0	0					
ICF DDN/DDCN	U	U	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$		\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
	0						
@LABORATORY FACILITY	U	0 \$		\$ .00	.000 \$	.00	\$ .00
PATHOLOGY	Ü	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	0					
HEROIN DETOX CLINIC	U	Ü	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	U	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	KEPORT FOR JAN	2003 THRU DE	C 2003	PAGE 10,164

PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR	IOIAL P.	AKENTI	ERAL NUIRIIION	AID CODES	/ 3			
							MO	NTHLY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	1	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.00	\$ .00	.000	\$ .00	\$	.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,165
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 10,166
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		
					MONTH	ILY AVERAG	E

						M			GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 10,167
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
DIJIMAS COIINTV	SIMMARY OF SERVICES E	OP TROW ATTEMS	AID CODES	51 52 56	57		

----- MONTHLY AVERAGE -----

PLUMAS COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES U	JSERS	UNITS OF	SEBVICE		EXPENDITURES	Δ171	ERAGE COST		21111		اقدی	COST PER
OO EDIGIDAES	JULICO	OR DAYS			EXFENDITORES		R UNIT/DAY		) (	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DIIID	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
COMM HOSP INPATIENT TOTAL	n		0	٧	.00	٧	.00	.000	~	.00	٧	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ô		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ô		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ô		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ô		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ô		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		Ô		.00		.00	.000		.00		.00
MEDICAL	0		Ô		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		Ô		.00		.00	.000		.00		.00
RADIOLOGY	0		Ô		.00		.00	.000		.00		.00
ROOM USE	0		Ô		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		Ô		.00		.00	.000		.00		.00
@STATE HOSPITAL	Ô		0	\$	.00	Ś	.00	.000	Ś	.00	\$	.00
MENTALLY ILL	0		0	τ	.00	τ	.00	.000	Υ	.00	Υ	.00
DEVELOP. DISABLED	0		Ô		.00		.00	.000		.00		.00
@NURSING FACILITY	Ô		0	\$	.00	Ś	.00	.000	Ś	.00	\$	.00
LEV A-INTERMEDIATE	Ô		0	τ	.00	τ	.00	.000	Υ	.00	Υ	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	Ś	.00	.000	Ġ	.00	\$	.00
ICF DDH	0		Ö	т	.00	4	.00	.000	т.	.00	т	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		Ö	т	.00	4	.00	.000	т.	.00	т	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		Ō	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0	•	.00	·	.00	.000	•	.00	•	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES MONT	TH-OF-PAYMENT R	EPORT FOR JAN	1 2003 THRU D	EC 2003	PAGE 10,168
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES I	FOR IRCA ALIENS	AID	CODES 51 52 5	56 57		
					MOI	NTHLY AVERAG	E
00 ELIGIBLES	USERS UNITS	S OF SERVICE	EXPENDITURES	AVERAGE COS	ST UNITS/DAYS	COST PER	COST PER
	OR I	DAYS OF CARE		PER UNIT/DA	AY PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED ECHTP	0	0	0.0	0.0	000	0.0	0.0

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,169
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

I HOI HIS COUNT I	DOINIME OF DEEL	VICED IOIC	111/1111		WIIIIOOI DID HIID	COPH	33 30 31					
								MC	NT:	HLY AVERA	GE	
79 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	; (	COST PER		COST PER
		OR DAYS	OF CAR	C		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	12		63	\$	5,068.95	\$	80.46	.797	\$	422.41	\$	64.16
@PHYSICIANS SERVICES	5		8	\$	826.30	\$	103.29	.101	\$	165.26	\$	10.46
OUTPATIENT VISITS	1		1		26.18		26.18	.013		26.18		.33
OFFICE VISITS	1		1		26.18		26.18	.013		26.18		.33
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	124.81	41.60	.038	124.81	1.58
HOSPITAL VISITS	1	3	124.81	41.60	.038	124.81	1.58
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	544.28	544.28	.013	544.28	6.89
PRINCIPAL SURGEON	1	1	544.28	544.28	.013	544.28	6.89
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	3		131.03	43.68	.038	43.68	1.66
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF	-PAYMENT REP	ORT FOR JAN	2003 THRU I	DEC 2003	PAGE 10,170
MOP024	FEE-FOR-SERVICE/DENTAL	<u> </u>						01/29/04

----- MONTHLY AVERAGE -----79 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 .00 \$ .00 0 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$ .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .000 RADIO./PATHOLOGY .00 .00 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 NURSE ANESTHESIST 0 .00 \$ .00 .000 .00 \$ .00 0 .00 .00 .00 .00 NURSE MIDWIFE .000 \$ 0 \$ .00 .000 PEDIATRIC NURSE PRACTITIONER .00 .00 \$ .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 44 2,514.91 57.16 .557 279.43 31.83 HOSP INPATIENT TOTAL 1,650.02 825.01 .025 1650.02 20.89 HSC HOSPITALS 1,650.02 825.01 .025 1650.02 20.89 .00 NON-HSC HOSPITAL TOTAL 0 .00 .000 .00 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .000 ALL OTHER ACCOM .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PLUMAS COUNTY

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	42	864.89	20.59	.532	108.11	10.95
MEDICAL	4	3	150.46	50.15	.038	37.62	1.90
SURGERY	2	1	158.78	158.78	.013	79.39	2.01
PATHOLOGY	4	19	179.28	9.44	.241	44.82	2.27
RADIOLOGY	3	6	133.42	22.24	.076	44.47	1.69
ROOM USE	4	4	103.70	25.93	.051	25.93	1.31
CROSSOVERS/ALL OTH OUTPTNT	4	9	139.25	15.47	.114	34.81	1.76
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 10,171
MOP024	FEE-FOR-SERVICE/DENTA						01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F							

FIDNAS COUNTI	SUMMART OF SERV.	TCES FOR	MIT / MIN A	WIIIOOI SIS AID (	70DE 22 26 2F				
						_	NTHLY AVERA	-	
79 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	
		OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGI:	BLE
@COMMUNITY HOSPITAL TOTAL	9		44	\$ 2,514.91	\$ 57.16	.557	\$ 279.43	\$ 31	.83
COMM HOSP INPATIENT TOTAL	1		2	1,650.02	825.01	.025	1650.02	20	.89
HSC HOSPITALS	1		2	1,650.02	825.01	.025	1650.02	20	.89
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00		.00
ANCILLARIES	0		0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	8		42	864.89	20.59	.532	108.11	10	.95
MEDICAL	4		3	150.46	50.15	.038	37.62	1	.90
SURGERY	2		1	158.78	158.78	.013	79.39	2	.01
PATHOLOGY	4		19	179.28	9.44	.241	44.82	2	.27
RADIOLOGY	3		6	133.42	22.24	.076	44.47	1	.69
ROOM USE	4		4	103.70	25.93	.051	25.93	1	.31
CROSSOVERS/ALL OTH OUTPTNT	4		9	139.25	15.47	.114	34.81	1	.76
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0		0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00		.00
@NURSING FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00		.00

LEV B-REGULAR	0	0	.0	0	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .0	0 \$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	.00	0	.00	.000		.00		.00
ICF DD	0	0	.00	0	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00	0	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$ .0	0 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	0	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00	0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$ .00	0 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00	0	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$ .0	0 \$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	.00	0	.00	.000		.00		.00
XO AND OTHERS	0	0	.00	0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	11	\$ 1,727.7	4 \$	157.07	.139	\$	431.94	\$	21.87
CLINIC	0	0	.00	0	.00	.000		.00		.00
SURGICENTER	0	0	.0	0	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	4	11	1,727.7	4	157.07	.139		431.94		21.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU 1	DEC	2003	PI	AGE 10,172
MOP024	FEE-FOR-SERVICE/DENTA	L								01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

I HOME COOMII	DOMINITED OF DEREVICE	IO I OIC MIT/MIN MITTIN	WITHOUT DID MID (	JODE 33 30 31			
					MON'	THLY AVERAG	E
79 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@* TOTALS IN THESE LINES ARE	TIVEN AS A SEDARATE	TNEODMATION TTEM (	MT.V:				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PER UNIT/DAY PER ELIG USER

ELIGIBLE

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR REFUG	EES	AID (	CODES 01 02 08			
							THLY AVERAG	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	•	.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
	0	0		.00			.00	
EMERGENCY ROOM	0	0			.00	.000		.00
PREVENTIVE CARE	U	U		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
	0	0						
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
	0	0						
PATHOLOGY	0	U		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
	0	0	بغ					
@DENTIST	0	0	\$	.00	\$ .00	.000 \$		\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	n		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
	0	0						
SPACE MAINTAINERS	U	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	U	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES M	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 10,174
MOP024	FEE-FOR-SERVICE	DENTAL						01/29/04
PLUMAS COUNTY	SUMMARY OF SERV		EES	AID (	CODES 01 02 08	0A		
						MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST			COST PER
00 111011110	ODLIND	OR DAYS OF CA		1111 11VD1 1 01VD0	PER INITY/DAY			ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	į.
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	1
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	į.

FAMILY NURSE PRACTITIONER	0		0 \$		.00	\$	.00		\$ .00	\$	.00
@TOTAL HOSPITAL	0		0 \$		.00	\$	.00	.000	\$ .00	\$	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		Ō		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		Ō		.00		.00	.000	.00		.00
ANCILLARIES	0		Ô		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		Ô		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		n		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0		ñ		.00		.00	.000	.00		.00
MEDICAL	0		n		.00		.00	.000	.00		.00
SURGERY	0		n		.00		.00	.000	.00		.00
PATHOLOGY	0		n		.00		.00	.000	.00		.00
RADIOLOGY	0		n		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0		0 \$		.00	\$	.00		\$ .00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0		U 3		.00	Ą	.00	.000	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0					.000			.00
ADMINISTRATIVE DAYS	0		0		.00		.00		.00		
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	U		0		.00		.00	.000	.00		.00
ANCILLARIES	U		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	U		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		PENDITURES	MONTH-OF-PAY	MENT R	EPORT F	FOR JAN 2	2003 THRU D	EC 2003	PA	GE 10,175
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	REFUGEES		AID	CODES (	01 02 08				
									NTHLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF		EXPENDI'	TURES			UNITS/DAYS			OST PER
		OR DAYS	OF CARE					PER ELIG	USER		LIGIBLE
@COMMINITY HOSPITAL TOTAL	Λ		0 \$		0.0	Ś	0.0	000	\$ 00	Ś	0.0

					MON	IHLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	.' 0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	ł O	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00		.00		\$ .00	\$	.00
ICF DDH	0	0	4	.00		.00	.000	.00	т.	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00		.00		\$ .00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00		.00		\$ .00	\$	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PATHOLOGY	0	0	•	.00	•	.00	.000	.00	•	.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
CLINIC	0	0	•	.00	•	.00	.000	.00	•	.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES I	MONTH-OF-PAYMENT	REPORT	r for Jan 2	2003 THRU D	EC 2003	PI	AGE 10,176
MOP024	FEE-FOR-SERVICE	:/DENTAL								01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR REFUG	EES	AID	CODES	5 01 02 08	0A			
							MO	NTHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,177 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

FIGNAS COUNTI	BOMMAKI OF BEKV	TCES FOR BCCIF FEDI	מאאנים	A	LD CC	DES ON ON	O.F.		TIT 37 A T 7 T T T A	αn	
20 ELIGIDIEG	HGEDG	INTEG OF GEDVICE			7. 7. 7. 7.			-	HLY AVERA	_	COCH DED
30 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST		5	COST PER		COST PER
	2.5	OR DAYS OF CARE		60 140 00		UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	36	634 \$		62,140.23	\$	98.01	21.133			\$	2071.34
@PHYSICIANS SERVICES	13	343 \$		7,547.71	\$	22.00	11.433	Ş		\$	251.59
OUTPATIENT VISITS	4	13		461.60		35.51	.433		115.40		15.39
OFFICE VISITS	4	13		461.60		35.51	.433		115.40		15.39
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	4	6		229.44		38.24	.200		57.36		7.65
HOSPITAL VISITS	4	6		229.44		38.24	.200		57.36		7.65
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	0		122.03		15.25	.267		122.03		4.07
PRINCIPAL SURGEON	1	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		122.03		.00 15.25	.267				
ANESTHESIOLOGIST	Τ	13							122.03		4.07
OUTPATIENT SURGERY	3			705.52		54.27	.433		235.17		23.52
PRINCIPAL SURGEON	2	4		541.46		135.37	.133		270.73		18.05
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	9		164.06		18.23	.300		164.06		5.47
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	5		46.51		9.30	.167		15.50		1.55
RADIOLOGY	10	26		2,048.12		78.77	.867		204.81		68.27
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	260		3,556.40		13.68	8.667		1185.47		118.55
OTHER SERVICES/ALL X-OVERS	5	12		378.09		31.51	.400		75.62		12.60
@PHARMACY	17	144 \$		25,262.77	\$	175.44		\$	1486.05	\$	842.09
PRESCRIPTION DRUGS	17	85		25,219.40		296.70	2.833		1483.49		840.65
SNF/ICF	1	6		715.12		119.19	.200		715.12		23.84
OUTPATIENTS	17	79		24,504.28		310.18	2.633		1441.43		816.81
MEDICAL SUPPLIES	2	59		43.37		.74	1.967		21.69		1.45
@DENTIST	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	•	.00	.000	·	.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	Ŏ		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
•	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 0 .00 ALL OTHER SERVICES .00 .000 .00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 10,178 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV

PLUMAS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

PLUMAS COUNTY	SUMMARY OF SERVI	LCES FOR	BCCTP-F	EDERAL	A	ID C	ODES UM UN				~-	
								M			GE	
30 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0	•	.00	·	.00	.000	•	.00	·	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		Ō		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	Ô		n	\$	.00	\$	.00	.000	Ś	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000		.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	•		0	<u>د</u>		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	<u>ب</u>		\$	.00	.000	ب	.00		.00
@TOTAL HOSPITAL	13		92	بې د			268.71			1901.61	\$	824.03
	2		8	Ş	20,745.60	Ą	2593.20	.267	Þ	10372.80	Ą	691.52
HOSP INPATIENT TOTAL HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	0		0									
NON-HSC HOSPITAL TOTAL	2		8		20,745.60		2593.20	.267		10372.80		691.52
ACCOMMODATIONS	2		8		4,841.28		605.16	.267		2420.64		161.38
ADMINISTRATIVE DAYS	0		0 0 8		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2				4,841.28		605.16	.267		2420.64		161.38
ANCILLARIES	2		0		15,904.32		.00	.000		7952.16		530.14
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12		84		3,975.34		47.33	2.800		331.28		132.51
MEDICAL	2		2		71.21		35.61	.067		35.61		2.37
SURGERY	2		2		145.75		72.88	.067		72.88		4.86
PATHOLOGY	6		18		265.70		14.76	.600		44.28		8.86
RADIOLOGY	7		45		2,644.21		58.76	1.500		377.74		88.14
ROOM USE	5		7		332.82		47.55	.233		66.56		11.09
CROSSOVERS/ALL OTH OUTPTNT	6		10		515.65		51.57	.333		85.94		17.19
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ô		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
IDOLOGI	U		U		.00		.00	.000		.00		.00

RADIOLOGY	0		0		00	.00	.000	.00	.00
ROOM USE	0		0		00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXP	ENDITURES	MONTH-OF-PAYMEN	T REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE 10,179
MOP024	FEE-FOR-SERVICE	DENTAL							01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	CES FOR E	BCCTP-FEDE	ERAL	AID COI	DES OM ON	0P		
							MON'	THLY AVERAG	E
30 ELIGIBLES	USERS	UNITS OF S	SERVICE	EXPENDITUR	ES AVEF	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS (	OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13		92 \$	24,720.	94 \$	268.71	3.067 \$	1901.61	\$ 824.03
COMM HOSP INPATIENT TOTAL	2		8	20,745.	60 2	2593.20	.267	10372.80	691.52
HSC HOSPITALS	0		0		00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2		8	20,745.	60 2	2593.20	.267	10372.80	691.52
ACCOMMODATIONS	2		8	4,841.	28	605.16	.267	2420.64	161.38
ADMINISTRATIVE DAYS	0		0		00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		00	.00	.000	.00	.00

ALL OTHER ACCOM	2	8		4,841.28		605.16	.267		2420.64		161.38
ANCILLARIES	2	0		15,904.32		.00	.000		7952.16		530.14
INPATIENT CROSSOVERS	0	0		·		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
				.00							
COMM HOSP OUTPATIENT TOTAL	12	84		3,975.34		47.33	2.800		331.28		132.51
MEDICAL	2	2		71.21		35.61	.067		35.61		2.37
SURGERY	2	2		145.75		72.88	.067		72.88		4.86
PATHOLOGY	6	18		265.70		14.76	.600		44.28		8.86
RADIOLOGY	7	45		2,644.21		58.76	1.500		377.74		88.14
ROOM USE	5	7		332.82		47.55	.233		66.56		11.09
	, ,	10		515.65		51.57	.333		85.94		17.19
CROSSOVERS/ALL OTH OUTPTNT	. 0		4								
@STATE HOSPITAL	Ü	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	1	\$	119.60	\$	119.60	.033	\$	119.60	\$	3.99
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	U	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	1		119.60		119.60	.033		119.60		3.99
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	ė.		4	.00	.000	۸.		Ċ.	.00
@HEMODIALYSIS TOTAL	U		\$	.00	Þ			Þ	.00	Þ	
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	30	\$		\$	34.85	1.000	\$		Ġ	34.85
PATHOLOGY	7	30	٧	1,045.49	~	34.85	1.000	~	149.36	Y	34.85
	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	13	15	4		4			4		4	
@ORGANIZED OUTPATIENT CLINIC	13		\$	2,575.96	Ş	171.73	.500	Ş		Ş	85.87
CLINIC	2	2		404.86		202.43	.067		202.43		13.50
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	13		2,171.10		167.01	.433		197.37		72.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MONT		EPORT	FOR JAN 2		DEC			AGE 10,180
MOP024	FEE-FOR-SERVICE/										01/29/04
PLUMAS COUNTY		CES FOR BCCTP-F	EDERAL.	Al	דם ככ	DES OM ON	NΡ				,,
							M	ONTI	HIV AVERA	GE -	
30 ELIGIBLES	PGTPII	UNITS OF SERVICE		EXPENDITURES	77.72	PACE COST		-		_	COST PER
30 EDIGIBLES	USERS	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER		ELIGIBLE
ONLI OMILIO DOGITODO	2			067 76							
@ALL OTHER PROVIDERS	۷.	9	\$	867.76	\$		.300	Ş		Ş	
DURABLE MED. EQUIP.	1	1		31.28		31.28	.033		31.28		1.04
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER SERVICES	•			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
INIOIOM INDICATION	U	U		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00		.00	.000	.00	)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	)	.00
PROSTHETICS	0	0	.00		.00	.000	.00	)	.00
ORTHOTICS	0	0	.00		.00	.000	.00	)	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	)	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	)	.00
HOSPICE SERVICES	1	7	826.91	1	18.13	.233	826.93	L	27.56
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	)	.00
LOCAL EDUCATION AGENCIES	1	1	9.57		9.57	.033	9.5	7	.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	)	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	)	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$ .00	) \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$	.00	.000	\$ .00	) \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,181
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLIMAS COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY ALD CODES OR OT OH OV

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-ST	TATE-ON	LY AID	CODES	0R 0T 0U					
								MC	-		_	
36 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS				PER	UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	25		113	\$	5,041.26	\$	44.61	3.139			\$	140.04
@PHYSICIANS SERVICES	6		20	\$	495.51	\$	24.78	.556	\$	82.59	\$	13.76
OUTPATIENT VISITS	1		1		29.75		29.75	.028		29.75		.83
OFFICE VISITS	1		1		29.75		29.75	.028		29.75		.83
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1		1		100.71		100.71	.028		100.71		2.80
PRINCIPAL SURGEON	1		1		100.71		100.71	.028		100.71		2.80
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	4		16		325.75		20.36	.444		81.44		9.05
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2		2		39.30		19.65	.056		19.65		1.09
@PHARMACY	17		72	\$	3,098.64	\$	43.04	2.000	\$	182.27	\$	86.07
PRESCRIPTION DRUGS	17		72		3,098.64		43.04	2.000		182.27		86.07
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	17		72		3,098.64		43.04	2.000		182.27		86.07
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 10,182
MOP024	FEE-FOR-SERVICE/DENTAL	J					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	OR BCCTP-STATE-ONL	Y AID CODES	OR OT OU	0V		
					MONT	HLY AVERAG	E

									TLI AVEKA		
36 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	Ô	Ô	Υ	.00	Υ	.00	.000	Ψ	.00	~	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$	.00
MEDICINE/INJECTIONS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0									
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000	4.	.00	4.	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4	11	\$	729.20	\$	66.29	.306	\$	182.30	\$	20.26
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ô	Ô		.00		.00	.000		.00		.00
ANCILLARIES	Ô	Ô		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	11		729.20		66.29	.306		182.30		20.26
MEDICAL	7	11		20.70		10.35			10.35		
	∠ 1	∠ 1					.056				.58
SURGERY	1	1		47.99		47.99	.028		47.99		1.33
PATHOLOGY	Ţ	2		14.01		7.01	.056		14.01		.39
RADIOLOGY	3	3		466.73		155.58	.083		155.58		12.96
ROOM USE	1	2		172.30		86.15	.056		172.30		4.79
CROSSOVERS/ALL OTH OUTPTNT	1	1		7.47		7.47	.028		7.47		.21
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MON	TH-OF-PAYMENT REPO	RT FOR JAN 2	003 THRU DEG	2003	PAGE 10,183
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STATE-C	ONLY AID COD	ES OR OT OU	V0		
					MON'	THLY AVERAG	E
36 ELIGIBLES	USERS UNIT	TS OF SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	11 \$	729.20 \$	66.29	.306 \$	182.30	\$ 20.26

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			UNITS/DAY PER ELIG		COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	11	\$	729.20	\$	66.29	.306		182.30		20.26
COMM HOSP INPATIENT TOTAL	0	0	٧	.00	٧	.00	.000	~	.00	Υ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	11		729.20		66.29	.306		182.30		20.26
MEDICAL	2	2		20.70		10.35	.056		10.35		.58
SURGERY	1	1		47.99		47.99	.028		47.99		1.33
PATHOLOGY	1	2		14.01		7.01	.056		14.01		.39
RADIOLOGY	3	3		466.73		155.58	.083		155.58		12.96
ROOM USE	1	2		172.30		86.15	.056		172.30		4.79
CROSSOVERS/ALL OTH OUTPTNT	1	_ 1		7.47		7.47	.028		7.47		.21
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
MENTALLY ILL	0	0	τ	.00	т	.00	.000	т	.00	Ψ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	5	\$	348.31	\$	69.66	.139	\$	174.16	\$	9.68
PATHOLOGY	2	5		348.31		69.66	.139		174.16		9.68
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	1	3	\$	333.60	\$	111.20	.083	\$ 333.60	\$ 9.27
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	3		333.60		111.20	.083	333.60	9.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURE	ES MONTH-OF	-PAYMENT I	REPORT	FOR JAN	2003 THRU 1	DEC 2003	PAGE 10,184
MOP024	FEE-FOR-SERVICE/DEN	NTAL							01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	S FOR BCCTP-ST	FATE-ONLY	AID	CODES	OR OT OU	0V		
							Mo	ONTHLY AVERA	GE
36 ELIGIBLES	USERS UNI	ITS OF SERVICE	EXP	ENDITURES	AVEI	RAGE COST	UNITS/DAY:	S COST PER	COST PER
	OH	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	OF 1	R DAYS OF CARE 2	\$	36.00		UNIT/DAY 18.00	PER ELIG .056		ELIGIBLE \$ 1.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	0 OF	R DAYS OF CARE 2 0	\$	36.00		- ,	_		_
	OF 1 0 0	R DAYS OF CARE 2 0 0	\$			18.00	.056	\$ 36.00	\$ 1.00
DURABLE MED. EQUIP.	OF 1 0 0 0	R DAYS OF CARE 2 0 0 0 0	\$	.00	\$	18.00	.056	\$ 36.00	\$ 1.00
DURABLE MED. EQUIP. BLOOD BANK	OF 1 0 0 0 0	R DAYS OF CARE 2 0 0 0 0 0 0	\$	.00	\$	18.00 .00 .00	.056 .000 .000	\$ 36.00 .00	\$ 1.00 .00 .00

AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00	.00
OTHER TRANS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	0	0	.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	36.00	1	8.00	.056	36.00	1.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$	.00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	39.30	\$ 3	9.30	.028	\$ 39.30	\$ 1.09

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,185 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

FIDNAS COUNTI	DOMMART OF DER	VICED FOR DECIF TOTAL					
					_	NTHLY AVERA	-
66 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	61	747 \$	67,181.49	\$ 89.94	11.318	\$ 1101.34	\$ 1017.90
@PHYSICIANS SERVICES	19	363 \$	8,043.22	\$ 22.16	5.500	\$ 423.33	\$ 121.87
OUTPATIENT VISITS	5	14	491.35	35.10	.212	98.27	7.44
OFFICE VISITS	5	14	491.35	35.10	.212	98.27	7.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	6	229.44	38.24	.091	57.36	3.48
HOSPITAL VISITS	4	6	229.44	38.24	.091	57.36	3.48
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	8	122.03	15.25	.121	122.03	1.85
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	122.03	15.25	.121	122.03	1.85
OUTPATIENT SURGERY	4	14	806.23	57.59	.212	201.56	12.22
PRINCIPAL SURGEON	3	5	642.17	128.43	.076	214.06	9.73
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	164.06	18.23	.136	164.06	2.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	46.51	9.30	.076	15.50	.70

14	42		2,373.87		56.52	.636		169.56		35.97
0	0		.00		.00	.000		.00		.00
3	260		3,556.40		13.68	3.939		1185.47		53.88
7	14		417.39		29.81	.212		59.63		6.32
34	216	5	28,361.41	\$	131.30	3.273	\$	834.16	\$	429.72
34	157		28,318.04		180.37	2.379		832.88		429.06
1	6		715.12		119.19	.091		715.12		10.84
34	151		27,602.92		182.80	2.288		811.85		418.23
2	59		43.37		.74	.894		21.69		.66
0	0 \$	5	.00	\$	.00		\$		\$	.00
0	0		.00		.00					.00
0	0				.00	.000				.00
0	0				.00	.000				.00
0	0									.00
0	0									.00
0	0									.00
0	0									.00
0	0									.00
0	0									.00
0	0									.00
0	0									.00
0	0									.00
0	0									.00
0	0									.00
		S MONTH-OF	'-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PI	AGE 10,186
										01/29/04
SUMMARY OF SERVICES	FOR BCCTP-TO	TAL							~-	
	0 3 7 34 34 1 34 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 1 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	0 0 0 3 260 7 14 34 216 \$ 34 216 \$ 34 157 1 6 34 151 2 59 0 \$ 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         3       260       3,556.40         7       14       417.39         34       216       \$ 28,361.41         34       157       28,318.04         1       6       715.12         34       151       27,602.92         2       59       43.37         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0	0 0 0 .00 3 260 3,556.40 7 14 417.39 34 216 \$ 28,361.41 \$ 34 157 28,318.04 1 6 715.12 34 151 27,602.92 2 59 43.37 0 0 \$ .00 \$ 0 0 \$ .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	0         0         .00         .00           3         260         3,556.40         13.68           7         14         417.39         29.81           34         216         \$ 28,361.41         \$ 131.30           34         157         28,318.04         180.37           1         6         715.12         119.19           34         151         27,602.92         182.80           2         59         43.37         .74           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 3,556.40 13.68 3.939 1185.47 7 14 417.39 29.81 .212 59.63 34 216 \$ 28,361.41 \$ 131.30 3.273 \$ 834.16 \$ 34 157 28,318.04 180.37 2.379 832.88 1 6 715.12 119.19 .091 715.12 34 151 27,602.92 182.80 2.288 811.85 2 59 43.37 .74 .894 21.69 0 0 \$ .00 \$ .00 .00 .000 \$ .00 \$ 0 0 0 .00 .00 .00 .00 .00 .00 0 0 0 .00 .0

						M	ONT	THLY AVERA	GE	
66 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	17	103	\$ 25,450.14	\$	247.09	1.561	\$	1497.07	\$	385.61
HOSP INPATIENT TOTAL	2	8	20,745.60		2593.20	.121		10372.80		314.33
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	8	20,745.60		2593.20	.121		10372.80		314.33
ACCOMMODATIONS	2	8	4,841.28		605.16	.121		2420.64		73.35
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	8	4,841.28		605.16	.121		2420.64		73.35
ANCILLARIES	2	0	15,904.32		.00	.000		7952.16		240.97
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	16	95	4,704.54		49.52	1.439		294.03		71.28
MEDICAL	4	4	91.91		22.98	.061		22.98		1.39

SURGERY	3	3	193.74	64.58	.045	64.58	2.94
PATHOLOGY	7	20	279.71	13.99	.303	39.96	4.24
RADIOLOGY	10	48	3,110.94	64.81	.727	311.09	47.14
ROOM USE	6	9	505.12	56.12	.136	84.19	7.65
CROSSOVERS/ALL OTH OUTPINT	7	11	523.12	47.56	.167	74.73	7.93
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU	DEC 2003	PAGE 10,187
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	BCCTP-TOTA	AL				

PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR BCCI	2-101A	Ь					. ~-	
								ONTHLY AVERA	_	
66 ELIGIBLES	USERS	UNITS OF SERV	-	EXPENDITURE		ERAGE COST				COST PER
		OR DAYS OF C				R UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	103	\$	25,450.1				\$ 1497.07	\$	385.61
COMM HOSP INPATIENT TOTAL	2	8		20,745.6		2593.20	.121	10372.80		314.33
HSC HOSPITALS	0	0		.0		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	2	8		20,745.6	0	2593.20	.121	10372.80		314.33
ACCOMMODATIONS	2	8		4,841.2		605.16	.121	2420.64		73.35
ADMINISTRATIVE DAYS	0	0		.0	0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.0	0	.00	.000	.00		.00
ALL OTHER ACCOM	2	8		4,841.2	18	605.16	.121	2420.64		73.35
ANCILLARIES	2	0		15,904.3	32	.00	.000	7952.16		240.97
INPATIENT CROSSOVERS	0	0		.0	0	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.0	0	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	16	95		4,704.5	4	49.52	1.439	294.03		71.28
MEDICAL	4	4		91.9	1	22.98	.061	22.98		1.39
SURGERY	3	3		193.7	4	64.58	.045	64.58		2.94
PATHOLOGY	7	20		279.7	1	13.99	.303	39.96		4.24
RADIOLOGY	10	48		3,110.9	4	64.81	.727	311.09		47.14
ROOM USE	6	9		505.1	.2	56.12	.136	84.19		7.65
CROSSOVERS/ALL OTH OUTPTNT	7	11		523.1	.2	47.56	.167	74.73		7.93
@STATE HOSPITAL	0	0	\$	.0	0 \$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.0	0	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.0	0	.00	.000	.00		.00
@NURSING FACILITY	1	1	\$	119.6	50 \$	119.60	.015	\$ 119.60	\$	1.81
LEV A-INTERMEDIATE	0	0		.0	0	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.0	0	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.0	0	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.0	0	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.0	0	.00	.000	.00		.00
LEV B-REGULAR	1	1		119.6	0	119.60	.015	119.60		1.81
@INTERMEDIATE CARE FACILDD	0	0	\$	.0	0 \$	.00	.000	\$ .00	\$	.00
ICF DDH	0	0	•	.0	0	.00	.000	.00		.00
ICF DD	0	0		.0		.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	35	\$	1,393.80	\$	39.82	.530	\$	154.87	\$	21.12
PATHOLOGY	9	35		1,393.80		39.82	.530		154.87		21.12
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14	18	\$	2,909.56		161.64	.273		207.83	\$	44.08
CLINIC	2	2		404.86		202.43	.030		202.43		6.13
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	16		2,504.70		156.54	.242		208.73		37.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	_	ES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2	2003	P.	AGE 10,188
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR BCCTP-T	OTAL								
66 71 16171 76	HGDDG INIT	a an annii an				D. G.		IONTHL	Y AVERA		

					MOI	NIHLI AVERAG	re
66 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	11 \$	903.76	\$ 82.16	.167	\$ 301.25	\$ 13.69
DURABLE MED. EQUIP.	1	1	31.28	31.28	.015	31.28	.47
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	7	826.91	118.13	.106	826.91	12.53
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.57	9.57	.015	9.57	.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	36.00	18.00	.030	36.00	.55
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	39.30	\$ 39.30	.015	\$ 39.30	\$ .60
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARA	TE INFORMATION ITEM ONL	Υ;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,189
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

06 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	0	0 \$	.00	\$ .00 \$ .00	.000 \$	.00	; .00 ; .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

	0	0		0.0		0.0	0.00		0.0		0.0
INPATIENT HOSPITAL SURGERY	Ü	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
	0	0							.00		
PRINCIPAL SURGEON	U	U		.00		.00	.000				.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	Ô		.00		.00	.000		.00		.00
	0	0									
PSYCHIATRY	Ü	Ü		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0	•	.00	•	.00	.000	•	.00	•	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
	0	•									
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	•	.00	-	.00	.000	-	.00	•	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
DRUGS	U	U		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0									
DENTURES, STAYPLATES	U	U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	Λ		.00		.00	.000		.00		.00
				.00		. 00	.000		.00		
•	0	0									
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 0	0 0 0	DO MONTE	.00	DODE	.00	.000	250	.00	DAGE	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV		0 0 0 ES AND EXPENDITURE	ES MONT	.00	PORT	.00	.000	DEC	.00		.00 .00 10,190
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 MEDI-CAL SERVIC FEE-FOR-SERVICE		ES MONT	.00	PORT	.00	.000	DEC	.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE			.00	PORT	.00	.000 .000 2003 THRU I	DEC	.00		.00 .00 10,190
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	/DENTAL		.00	PORT	.00 .00 FOR JAN 2	.000 .000 2003 THRU I		.00 .00 2003	01	.00 .00 10,190 L/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR QMB - ON		.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 2003 THRU I 80	ONTI	.00 .00 2003 HLY AVERA	01 GE	.00 .00 10,190 1/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE		.00	AVE	.00 .00 FOR JAN 2 AID CODE RAGE COST	.000 .000 2003 THRU I 80 MO UNITS/DAYS	ONTI	.00 .00 2003 HLY AVERA	01 GE COST	.00 .00 10,190 1/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE	NLY	.00 .00 TH-OF-PAYMENT RE	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY	.000 .000 2003 THRU I 80 MO UNITS/DAYS PER ELIG	ONTI S (	.00 .00 2003 HLY AVERA COST PER USER	01 GE COST ELIC	.00 .00 10,190 L/29/04  T PER GIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0		.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00	AVE	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000	ONTI S (	.00 .00 2003 HLY AVERA COST PER USER .00	01 GE COST	.00 .00 10,190 2/29/04  PER GIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE	NLY	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000	ONTI S (	.00 .00 2003 HLY AVERA COST PER USER .00 .00	01 GE COST ELIC	.00 .00 10,190 L/29/04  T PER GIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0	NLY	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000	ONTI S (	.00 .00 2003 HLY AVERA COST PER USER .00	01 GE COST ELIC	.00 .00 10,190 2/29/04  PER GIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0	NLY	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000	ONTI S (	.00 .00 2003 HLY AVERA COST PER USER .00 .00	01 GE COST ELIC	.00 .00 10,190 1/29/04  T PER SIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0	NLY \$	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000	ONTI S (	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	Of GE COST ELIC \$	.00 .00 10,190 2/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	NLY	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000	ONTI S (	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	01 GE COST ELIC	.00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	NLY \$	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000	ONTI S (	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	Of GE COST ELIC \$	.00 .00 .00,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0	NLY \$ \$	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000	ONTI S ( \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00	Officers of the control of the contr	.00 .00 .00,190 L/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0	NLY \$	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	ONTI S (	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00	Of GE COST ELIC \$	.00 .00 .00,190 ./29/04   
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0	NLY \$ \$	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000	ONTI S ( \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00	Officers of the control of the contr	.00 .00 .00,190 L/29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0	NLY \$ \$	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	ONTI S ( \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00	Officers of the control of the contr	.00 .00 .00 .10,190 ./29/04   
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$	.00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	ONTI S ( \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00	Officers of the control of the contr	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$	.00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S ( \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00	Officers of the control of the contr	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$	.00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S ( \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	Officers of the second of the	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$	.00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (\$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	0: GE COS: \$ \$ \$	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$ \$	.00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S ( \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	Officers of the second of the	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$ \$	.00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (\$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	0: GE COS: \$ \$ \$	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$ \$	.00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S ( \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	Officers of the second	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S ( \$ \$ \$ \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01 GE COST ELIC \$ \$ \$	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S ( \$ \$ \$ \$ \$ \$ \$	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01 GE COST \$ \$ \$ \$	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S ( \$ \$ \$ \$ \$	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01 GE COST ELIC \$ \$ \$	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY   06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S ( \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01 GE COST \$ \$ \$ \$	.00 .00 .00 .10,190 ./29/04 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR QMB - ON UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NLY \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S ( \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01 GE COST \$ \$ \$ \$	.00 .00 .00 .10,190 ./29/04 

NON HOC HODELIAL TOTAL	O	O	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	n	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	Ü	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	n	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
	0						•
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	n	n	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	Ū	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Õ	0	.00	.00	.000	.00	.00
SURGERI	U	0					
DA MILLOT OCCU							
PATHOLOGY	0	0	.00	.00	.000	.00	.00
PATHOLOGY RADIOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0 0 0	0 0 0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0 0	0 0 0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0	0 0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00 PAGE 10,191
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	•	ES AND EXPENDITURES MON	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MON /DENTAL	.00 .00 .00	.00 .00 .00	.000 .000 .000 2003 THRU DEC	.00 .00 .00	.00 .00 .00 PAGE 10,191
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MON	.00 .00 .00	.00 .00 .00 PORT FOR JAN	.000 .000 .000 2003 THRU DEC	.00 .00 .00	.00 .00 .00 PAGE 10,191 01/29/04
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY	.00 .00 .00 ITH-OF-PAYMENT RE	.00 .00 .00 PORT FOR JAN :	.000 .000 .000 2003 THRU DEC 80	.00 .00 .00 2 2003	.00 .00 .00 PAGE 10,191 01/29/04 GE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE	.00 .00 .00	.00 .00 .00 PORT FOR JAN : AID CODE	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS	.00 .00 .00 2 2003 THLY AVERA COST PER	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY	.00 .00 .00 ITH-OF-PAYMENT RE	.00 .00 .00 PORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG	.00 .00 .00 2 2003 CHLY AVERA COST PER USER	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE	.00 .00 .00 ITH-OF-PAYMENT RE	.00 .00 .00 PORT FOR JAN : AID CODE	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS	.00 .00 .00 2 2003 THLY AVERA COST PER	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00	.00 .00 .00 PORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$	.00 .00 .00 2 2003 CHLY AVERA COST PER USER .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00	.00 .00 .00 EPORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$	.00 .00 .00 2003 THLY AVERA COST PER USER .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00	.00 .00 .00 .00 PORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000	.00 .00 .00 2003 THLY AVERA COST PER USER .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00	.00 .00 .00 .00 PORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	.00 .00 .00 2 2003 CHLY AVERA COST PER USER .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00	.00 .00 .00 .00 PORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000	.00 .00 .00 2003 THLY AVERA COST PER USER .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00	.00 .00 .00 .00 .00 AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	.00 .00 .00 .2003 CHLY AVERA COST PER USER .00 .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00	.00 .00 .00 .00 EPORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	.00 .00 .00 .2 2003 CHLY AVERA COST PER USER .00 .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00	.00 .00 .00 .00 AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	.00 .00 .00 .2003 CHLY AVERA COST PER USER .00 .00 .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	.00 .00 .00 2 2003 CHLY AVERA COST PER USER .00 .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00	.00 .00 .00 .00 AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	.00 .00 .00 .2003 CHLY AVERA COST PER USER .00 .00 .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	.00 .00 .00 2 2003 CHLY AVERA COST PER USER .00 .00 .00	.00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	.00 .00 .00 .2003 CHLY AVERA COST PER USER .00 .00 .00 .00	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .22003 .22003 .24 .05 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .22003 .22003 .24 .05 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .2 2003 	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .2 2003 	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .2 2003 	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .2 2003 	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY   06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON /DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .2003 .2003 .2003 .2004 .200	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  06 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 ITH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .2 2003 	.00 .00 .00 .00 PAGE 10,191 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL

0

0

.00

.00

.000

.00

.00

@NURSING FACILITY	0	0 \$		.00	Ś	.00	.00	^	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0 5	P	.00	•	.00	.00		.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
LEV B-REGULAR	0	0		.00		.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 5	Ċ	.00		.00	.00		\$ .00	Ś	.00
ICF DDH	0	0 ,	Y	.00	•	.00	.00		.00	Ų	.00
ICF DD	0	0		.00		.00	.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.00		.00		.00
@HEMODIALYSIS TOTAL	0	0 8	\$	.00		.00	.00		\$ .00	Ś	.00
HOSPITAL BASED	0	0 ,	Υ	.00	•	.00	.00		.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00		.00		.00
@REHABILITATION FACILITY	0	0 8	\$	.00		.00	.00		\$ .00	\$	.00
HOSPITAL BASED	0	0	т	.00	•	.00	.00		.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.00		.00		.00
@LABORATORY FACILITY	0	0 \$	\$	.00		.00	.00		\$ .00	\$	.00
PATHOLOGY	0	0	•	.00	•	.00	.00		.00		.00
XO AND OTHERS	0	0		.00		.00	.00	0	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	\$	.00	\$	.00	.00	0 :	\$ .00	\$	.00
CLINIC	0	0	•	.00	·	.00	.00	0	.00		.00
SURGICENTER	0	0		.00		.00	.00	0	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.00	0	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.00	0	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONT	H-OF-PAYMENT	REPORT	FOR JAN	2003 THE	.U DI	EC 2003	PI	AGE 10,192
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R QMB - ONI	LY			AID CODE	80				
								MOI	NTHLY AVERA	-	
06 ELIGIBLES		OF SERVICE		EXPENDITURES		RAGE COST		AYS	COST PER	(	COST PER
	OR DA	YS OF CARE			PER	UNIT/DAY	Y PER EI	IG	USER	F	ELIGIBLE

					MON.	IHLI AVERAGE	
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,193 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

PLUMAS COUNTY	SUMMARY OF SERVICES F	OR 133% PR	OGRAM	AID (	CODES /2 /4 8N			
						MON'		
322 ELIGIBLES		OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		AYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	111	452	\$	23,138.88	\$ 51.19	1.404 \$	208.46	\$ 71.86
@PHYSICIANS SERVICES	11	47	\$	1,215.11	\$ 25.85	.146 \$	110.46	\$ 3.77
OUTPATIENT VISITS	5	5	•	291.84	58.37	.016	58.37	.91
OFFICE VISITS	5	5		291.84	58.37	.016	58.37	.91
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	Ô	Ö		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0						
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	U	-		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	35		799.79	22.85	.109	133.30	2.48
PRINCIPAL SURGEON	2	2		180.95	90.48	.006	90.48	.56
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	33		618.84	18.75	.102	154.71	1.92
DIALYSIS	Ô	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	2		25.87	12.94	.006	12.94	.08
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
	3	5		97.61			32.54	.30
OTHER SERVICES/ALL X-OVERS	43		Ċ		19.52	.016		
@PHARMACY		73	\$	1,662.68	\$ 22.78	.227 \$		\$ 5.16
PRESCRIPTION DRUGS	43	73		1,662.68	22.78	.227	38.67	5.16
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	43	73		1,662.68	22.78	. 227	38.67	5.16
MEDICAL SUPPLIES	0	0	4.	.00	.00	.000	.00	.00
@DENTIST	7	99	\$	3,757.54	\$ 37.95	.307 \$		\$ 11.67
VISITS - DIAGNOSTIC	6	27		450.54	16.69	.084	75.09	1.40
ORAL SURGERY	3	8		242.00	30.25	.025	80.67	.75
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	2		75.00	37.50	.006	75.00	.23
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	4	17		958.00	56.35	.053	239.50	2.98
RESTORATIVE DENTISTRY	4	41		2,032.00	49.56	.127	508.00	6.31
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	3		.00	.00	.009	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	Ő		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	Ő		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	ĭ		.00	.00	.003	.00	.00
	<b>±</b>	<b>-</b>		.00		.005		. 50

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,194
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLUMAS COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

		-,										0 = , = > , 0
PLUMAS COUNTY	SUMMARY OF SERV	/ICES FOR	133% PR	OGRAM	AID (	CODES	72 74 8N	8P				
								M	r no	THLY AVERA	GΕ	
322 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1		1	\$	47.45	\$	47.45	.003	\$	47.45	\$	.15
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.003		47.45		.15
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	Ġ	.00	Ċ	.00	.000	\$	.00	\$ .00
	0	0	Ċ Ċ	.00	Ċ.		.000	-		•
NURSE ANESTHESIST	0	0	ې ب		\$	.00		\$	.00	\$ .00
NURSE MIDWIFE	Ü	Ü	Ş	.00	\$	.00	.000		.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	12	40	Ś	1,625.88	Ś	40.65	.124	Ś	135.49	\$ 5.05
HOSP INPATIENT TOTAL	0	0		258.00	•	.00	.000	•	.00	.80
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
	0	0								
NON-HSC HOSPITAL TOTAL	Ü	Ü		258.00		.00	.000		.00	.80
ACCOMMODATIONS	0	0		258.06		.00	.000		.00	.80
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		258.06		.00	.000		.00	.80
ANCILLARIES	Ô	0		.06CR	0	.00	.000		.00	.00
	0	0								
INPATIENT CROSSOVERS	U	U		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	12	40		1,367.88		34.20	.124		113.99	4.25
MEDICAL	8	9		236.63		26.29	.028		29.58	.73
SURGERY	3	3		208.62		69.54	.009		69.54	.65
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	3	3		73.45		24.48	.009		24.48	.23
	3									
ROOM USE	9	14		743.83		53.13	.043		82.65	2.31
CROSSOVERS/ALL OTH OUTPINT	5	11		105.35		9.58	.034		21.07	.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	U								.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	Ô	0		.00		.00	.000		.00	.00
	0	0		.00						
CO HOSP OUTPATIENT TOTAL	U	U				.00	.000		.00	.00
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	0	0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	.00
#CALIF DEPT OF HEALTH SERV	•	•	TIDEC MO	TH-OF-PAYMENT RE	ייים אים			חבת		
			OKES MOI	NIH-OF-PAIMENI RE	SPORT E	OR JAN .	2003 IHRU .	DEC	2003	PAGE 10,195
MOP024	FEE-FOR-SERVICE									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 133%	PROGRAM	AID C	CODES '	/2 '/4 8N				
							M	ONTH	LY AVERA	GE
322 ELIGIBLES	USERS	UNITS OF SERVI	ICE	EXPENDITURES	AVER <i>I</i>	AGE COST	UNITS/DAY	S C	OST PER	COST PER
		OR DAYS OF CA	ARE		PER U	JNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12	40	\$	1,625.88	\$	40.65	.124	\$	135.49	
	0	0	Y	258.00	Ÿ		.000	Ÿ	.00	.80
COMM HOSP INPATIENT TOTAL						.00				
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		258.00		.00	.000		.00	.80
ACCOMMODATIONS	0	0		258.06		.00	.000		.00	.80
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	n		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		258.06		.00	.000		.00	.80
	0	0								
ANCILLARIES	•	-		.06CR	7	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00

COMM HOSP OUTPATIENT TOTAL	12	40		1,367.88		34.20	.124		113.99		4.25
MEDICAL	8	9		236.63		26.29	.028		29.58		.73
SURGERY	3	3		208.62		69.54	.009		69.54		.65
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	3		73.45		24.48	.009		24.48		.23
ROOM USE	9	14		743.83		53.13	.043		82.65		2.31
CROSSOVERS/ALL OTH OUTPTNT	5	11		105.35		9.58	.034		21.07		.33
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	-	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	•	.00	•	.00	.000	-	.00	•	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	66	101	\$	13,653.93	\$	135.19	.314	\$	206.88	\$	42.40
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	18		518.75		28.82	.056		259.38		1.61
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	65	83		13,135.18		158.26	.258		202.08		40.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MON	TH-OF-PAYMENT RI	EPORT	FOR JAN 200	3 THRU	DEC	2003	PA	GE 10,196
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICE	S FOR 133% P	ROGRAM	AID (	CODES	72 74 8N 8E					
								ONT	HLY AVERA	GE -	
322 ELIGIBLES	USERS UN	IITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST UN	NITS/DAY	S (	COST PER	C	OST PER
	C	OR DAYS OF CAR	E			UNIT/DAY F			USER	E	LIGIBLE
@ALL OTHER PROVIDERS	9	91	Ś	1,176.29	\$	12.93	.283	\$	130.70	Ś	3.65

					MON'	THLY AVERAGE	C
322 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	91 \$	1,176.29	\$ 12.93	.283 \$	130.70	3.65
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	142.14	47.38	.009	71.07	.44
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	88	1,034.15	11.75	.273	147.74	3.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 10,197

01/29/04

MOP024	FEE-FOR-SERVICE												01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	100%	PROGRAI	M	AID	CODE	S 7A 7C 8R	8T				
									M	CNO	CHLY AVERA	GΕ	
451 ELIGIBLES	USERS	UNITS OF	SERVI	CE	EX.	PENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CA	ARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	182		516	\$		35,455.67	\$	68.71	1.144	\$	194.81	\$	78.62
@PHYSICIANS SERVICES	14		24	\$		796.68	\$	33.20	.053	\$	56.91	\$	1.77
OUTPATIENT VISITS	4		5			292.46		58.49	.011		73.12		.65
OFFICE VISITS	2		2			76.95		38.48	.004		38.48		.17
HOME VISITS	0		0			.00		.00	.000		.00		.00
EMERGENCY ROOM	2		2			89.20		44.60	.004		44.60		.20
PREVENTIVE CARE	0		0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1		1			126.31		126.31	.002		126.31		.28
OTHER OUTPATIENT	0		0			.00		.00	.000		.00		.00
INPATIENT VISITS	1		4			190.80		47.70	.009		190.80		.42
HOSPITAL VISITS	1		4			190.80		47.70	.009		190.80		.42
CRITICAL CARE	0		0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00		.00
EXAMINATIONS	0		0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
DIALYSIS	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	10		14			265.82		18.99	.031		26.58		.59
PSYCHIATRY	0		0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1		1			47.60		47.60	.002		47.60		.11
@PHARMACY	56		85	\$		4,902.39	\$	57.68	.188	\$	87.54	\$	10.87
PRESCRIPTION DRUGS	56		85			4,902.39		57.68	.188		87.54		10.87
SNF/ICF	0		0			.00		.00	.000		.00		.00
OUTPATIENTS	56		85			4,902.39		57.68	.188		87.54		10.87
MEDICAL SUPPLIES	0		0			.00		.00	.000		.00		.00
@DENTIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0			.00		.00	.000		.00		.00
ORAL SURGERY	0		0			.00		.00	.000		.00		.00
DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	H-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 10,198
MOP024	FEE-FOR-SERVICE/DENTAL	J					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	OR 100% PROGRAM	AID CODES	7A 7C 8R 8	BT		
				_	MONT	PUTV AMPDAC	'r

PLUMAS COUNTY	SUMMARY OF SERVICES FOR	100%	PROGRAM	AID	CODE	S 7A 7C 8R	8T				
							M	TNC	THLY AVERA	GE	
451 ELIGIBLES	USERS UNITS OF	SERVI	CE	EXPENDITURES	AV:	ERAGE COST					COST PER
	OR DAYS	OF CA	RE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	17	54	\$	1,077.42	\$	19.95	.120	\$	63.38	\$	2.39
DIAGNOSTIC AND ANC. PROCED	12	12		445.10		37.09	.027		37.09		.99
EYE APPLIANCES	13	39		598.09		15.34	.086		46.01		1.33
OTHER OPTOMETRIC SERVICES	3	3		34.23		11.41	.007		11.41		.08
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00	•	.00	.000	•	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	•	.00	.000	•	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	Ō		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	Ś	.00	.000	Ś	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	Š	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0 0 0 0	Š	.00	Š	.00		Š		Š	.00
PEDIATRIC NURSE PRACTITIONER	0	Ô	Š	.00	Š	.00	.000	Š	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Š		\$	.00	.000		.00		.00
@TOTAL HOSPITAL	39	116	Š		Š	47.97	.257		142.68		12.34
HOSP INPATIENT TOTAL	1	1	Ψ	2,100.72	Υ	2100.72	.002	Ψ.	2100.72	Υ.	4.66
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1		2,100.72		2100.72	.002		2100.72		4.66
ACCOMMODATIONS	1	1		495.75		495.75	.002		495.75		1.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0 0 1		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		495.75		495.75	.002		495.75		1.10
ANCILLARIES	1	0		1,604.97		.00	.000		1604.97		3.56
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	39	115		3,463.89		30.12	.255		88.82		7.68
MEDICAL	22	23		1,068.17		46.44	.051		48.55		2.37
SURGERY	4	4		320.86		80.22	.009		80.22		.71
PATHOLOGY	14	31		296.75		9.57	.069		21.20		.66
RADIOLOGY	7	10		294.20		29.42	.022		42.03		.65
ROOM USE	25	26		1,029.83		39.61	.058		41.19		2.28
CROSSOVERS/ALL OTH OUTPTNT		21		454.08		21.62	.047		34.93		1.01
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	4	.00	-	.00	.000	т.	.00	т.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ō		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ō		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 10,199
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R 100% PROGRAM	AID CODES	3 7A 7C 8R 87	1		
					MONT	THLY AVERAG	SE
451 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVE	RAGE COST UN	IITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE	PER	R UNIT/DAY E	ER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39	116 \$	5,564.61 \$	47.97	.257 \$	142.68	\$ 12.34

COMM HOSP INPATIENT TOTAL	1	1		2,100.72		2100.72	.002	2100.7	2	4.66
HSC HOSPITALS	0	0		.00		.00	.000	.0	0	.00
NON-HSC HOSPITALS TOTAL	1	1		2,100.72		2100.72	.002	2100.7		4.66
ACCOMMODATIONS	_ 1	1		495.75		495.75	.002	495.7		1.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0		.00
ALL OTHER ACCOM	1	1								
				495.75		495.75	.002	495.7		1.10
ANCILLARIES	Ţ	0		1,604.97		.00	.000	1604.9		3.56
INPATIENT CROSSOVERS	Ü	0		.00		.00	.000	.0		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0		.00
COMM HOSP OUTPATIENT TOTAL	39	115		3,463.89		30.12	.255	88.8		7.68
MEDICAL	22	23		1,068.17		46.44	.051	48.5	5	2.37
SURGERY	4	4		320.86		80.22	.009	80.2	2	.71
PATHOLOGY	14	31		296.75		9.57	.069	21.2	0	.66
RADIOLOGY	7	10		294.20		29.42	.022	42.0	3	.65
ROOM USE	25	26		1,029.83		39.61	.058	41.1		2.28
CROSSOVERS/ALL OTH OUTPTNT		21		454.08		21.62	.047	34.9		1.01
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .0		.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	.0		.00
	0	0								
DEVELOP. DISABLED	0		4	.00	4	.00	.000	.0		.00
@NURSING FACILITY	U	0	\$	.00	\$	.00	.000		0 \$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.0		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.0		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.0		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.0		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0	.00
LEV B-REGULAR	0	0		.00		.00	.000	.0	0	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .0	0 \$	.00
ICF DDH	0	0	·	.00	•	.00	.000	. 0	0 .	.00
ICF DD	0	0		.00		.00	.000	. 0		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.0		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000			.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	.0		.00
	0	0								
HEMODIALYSIS CENTER	0	0	4	.00	4	.00	.000	.0		.00
@REHABILITATION FACILITY	U	U	\$	.00	\$	.00	.000			.00
HOSPITAL BASED	0	0		.00		.00	.000	.0		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.0		.00
@LABORATORY FACILITY	4	7	\$	124.18	\$	17.74	.016			.28
PATHOLOGY	4	7		124.18		17.74	.016	31.0		.28
XO AND OTHERS	0	0		.00		.00	.000	.0	0	.00
@ORGANIZED OUTPATIENT CLINIC	84	113	\$	21,749.70	\$	192.48	.251	\$ 258.9	3 \$	48.23
CLINIC	0	0		.00		.00	.000	.0	0	.00
SURGICENTER	0	0		.00		.00	.000	.0	0	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.0		.00
RURAL HEALTH CLINIC	84	113		21,749.70		192.48	.251	258.9		48.23
#CALIF DEPT OF HEALTH SERV			TRES MO	ONTH-OF-PAYMENT R	EDORT					PAGE 10,200
MOP024	FEE-FOR-SERVICE		MUD MC	MIII OF FAIMENT N	CEF OICE	FOR UAN 2	2003 11110 .	DEC 2003		01/29/04
PLUMAS COUNTY		ICES FOR 100% I		<i>I</i> 7.TD	CODEC	7A 7C 8R	0 т			01/29/04
PLOMAS COUNTI	SUMMARI OF SERV	ICES FOR 100% E	ROGRAN	AID	CODES	IA IC OR		ONTHLY AVE	ם א כידי	
451 BL TGTBL BG	Hanna	IBITES OF SERVICE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	D30E 000E				
451 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		R	COST PER
		OR DAYS OF CAR					PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	38	117	\$	1,240.69	\$	10.60	.259			2.75
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.0		.00
BLOOD BANK	0	0		.00		.00	.000	.0		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.0	0	.00
MEDICAL TRANSPORTATION	2	14		164.35		11.74	.031	82.1		.36
AMBULANCES/AIR TRANS	2	14		164.35		11.74	.031	82.1		.36
OTHER TRANS	0	0		.00		.00	.000	.0		.00
OTHER SERVICES	Õ	Ő		.00		.00	.000	.0		.00
								. 0	-	
ACUPUNCTURE	0	0		.00		.00	.000	.0	0	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	20	194.72	9.74	.044	19.47	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	83	881.62	10.62	.184	33.91	1.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 10,201

01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

				MONTHLY AVERAGE					
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	81	170 \$	18,207.31	\$ 107.10	.000 \$	224.78	\$ .00		
@PHYSICIANS SERVICES	4	5 \$	422.40	\$ 84.48	.000 \$	105.60	\$ .00		
OUTPATIENT VISITS	2	2	252.62	126.31	.000	126.31	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00	.00		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	2	2	252.62	126.31	.000	126.31	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		
RADIOLOGY	3	3	169.78	56.59	.000	56.59	.00		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00		

@PHARMACY	19	29	\$ 700.37	\$	24.15	.000	•	•
PRESCRIPTION DRUGS	19	29	700.37		24.15	.000	36.86	.00
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	19	29	700.37		24.15	.000	36.86	.00
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	.00	.00
ORAL SURGERY	0	0	.00		.00	.000	.00	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00
PERIODONTICS	0	0	.00		.00	.000	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITURE	S MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2003 THRU I	DEC 2003	PAGE 10,202
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R PRESUMPT	IVE ELIGIBILITY-PREG	SNANT A	ID CODES	7F 7G		

						M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	24	36	\$ 1,318.81	\$	36.63	.000	\$	54.95	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	24	36	1,318.81		36.63	.000		54.95		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	20	26	784.37		30.17	.000		39.22		.00
RADIOLOGY	6	6	400.01		66.67	.000		66.67		.00
ROOM USE	3	4	134.43		33.61	.000		44.81		.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 5	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF	-PAYMENT RE	PORT FOR JA	N 2003 THRU	DEC 2003	PAGE 10,203
MOP024	FEE-FOR-SERVICE/DENTAL	ı						01/29/04

PLUMAS COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

PLOMAS COUNTI	SUMMARI OF SERV	/ICES FOR	PKESUMP	TTAF	ELIGIBILIII-PREGI	NAMI F	AID CODES		~ » т ггг		aп	
00 51 5655 56	Hanna		a========			3		MO				
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	5	COST PER		COST PER
	0.4	OR DAYS	OF CARE		1 212 21		UNIT/DAY	PER ELIG	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24		36	\$	1,318.81	\$	36.63	.000	Ş		\$	.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	24		36		1,318.81		36.63	.000		54.95		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	20		26		784.37		30.17	.000		39.22		.00
RADIOLOGY	6		6		400.01		66.67	.000		66.67		.00
ROOM USE	3		4		134.43		33.61	.000		44.81		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00	•	.00	.000	-	.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		Ō	•	.00	•	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00

@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18		27	\$	570.61	\$	21.13	.000	\$	31.70	\$	.00
PATHOLOGY	18		27		570.61		21.13	.000		31.70		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	43		71	\$	14,985.12	\$	211.06	.000	\$	348.49	\$	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	43		71		14,985.12		211.06	.000		348.49		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	PENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PAG	SE 10,204
MOP024	FEE-FOR-SERVICE/	DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR	PRESUMP	TIVE	ELIGIBILITY-PREG	NANT	AID CODES	5 7F 7G				
									MONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	CC	ST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	2 \$	210.00	\$ 105.00	.000 \$	105.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,205 MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04

----- MONTHLY AVERAGE -----

PLUMAS COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

					11014	11111 1 11 1 11 11 11 11	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	Ω	0	.00	.00	.000	.00	.00
	0						
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ω	0	.00	.00	.000	.00	.00
	0	0					
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	Ω	0	.00	.00	.000	.00	.00
	0	_					
OTHER SERVICES/ALL X-OVERS	Ü	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
	Ū	<u> </u>					
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL SUPPLIES	U		.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	Ω	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	0	Ü	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0					
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
RESTORATIVE DENTISTRY	U	U	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	Λ	.00	.00	.000	.00	.00
· ·	0	0					
SPACE MAINTAINERS	Ü	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	Ô	.00	.00	.000	.00	.00
	0	0					
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ALL CIRER SERVICES	U	U	.00			. 00	
	MEDI CAI CEDUIC						
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT					PAGE 10,206
	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MONT					
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC		PAGE 10,206
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC 7H	2003	PAGE 10,206 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC 7H MONT	2003 THLY AVERAGE	PAGE 10,206 01/29/04 E
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC 7H MONT	2003	PAGE 10,206 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE	TH-OF-PAYMENT RE	PORT FOR JAN 2  AID CODE  AVERAGE COST	2003 THRU DEC 7H MONT UNITS/DAYS	2003 HLY AVERAGI COST PER	PAGE 10,206 01/29/04 E COST PER
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE	CH-OF-PAYMENT RE	PORT FOR JAN 2  AID CODE  AVERAGE COST PER UNIT/DAY	2003 THRU DEC 7H MONT UNITS/DAYS PER ELIG	HLY AVERAGE COST PER USER	PAGE 10,206 01/29/04 E COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00	PORT FOR JAN 2  AID CODE  AVERAGE COST PER UNIT/DAY \$ .00	2003 THRU DEC 7H MONT UNITS/DAYS PER ELIG .000 \$	HLY AVERAGE COST PER USER .00 S	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE	CH-OF-PAYMENT RE	PORT FOR JAN 2  AID CODE  AVERAGE COST PER UNIT/DAY	2003 THRU DEC 7H MONT UNITS/DAYS PER ELIG	HLY AVERAGE COST PER USER	PAGE 10,206 01/29/04 E COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000	HLY AVERAGE COST PER USER .00 S	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	HLY AVERAGE COST PER USER .00 S .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES  .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	HLY AVERAGE COST PER USER .00 S .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	HLY AVERAGE COST PER USER .00 S .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 \$ 0 \$ 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES  .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 \$ .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	HLY AVERAGE COST PER USER .00 S .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES  .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 \$ .000	HLY AVERAGE COST PER USER .00 S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 \$ .00 \$ .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	HLY AVERAGE COST PER USER .00 S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	HLY AVERAGE COST PER USER .00 S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	HLY AVERAGE COST PER USER .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	HLY AVERAGE COST PER USER .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	** 2003  THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	** 2003  THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04 E
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00 S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 \$ .00 .00 \$ .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#HLY AVERAGE COST PER USER .00 \$ .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00 S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 .00 .00 \$ .00 .00 \$ .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00 \$ .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	EH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 .00 .00 \$ .00 .00 \$ .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00 \$ .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	**HLY AVERAGE COST PER USER	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT/DENTAL ICES FOR MEDI-CAL TUBER  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	#LY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE  00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL   ICES FOR MEDI-CAL TUBER   UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .00	#LY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 \$ .00 .00 \$ .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 \$ .000 .000 .000 \$ .	#LY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT / DENTAL   ICES FOR MEDI-CAL TUBER   UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CH-OF-PAYMENT RE RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00	7H MONT UNITS/DAYS PER ELIG .000 \$ .00	#LY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 10,206 01/29/04  E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	NTH-OF-PAYMENT REI	PORT FOR JAN	2003 THRU DE	EC 2003	PAGE 10,207
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MEDI-CAL TUB	ERCULOSIS PROGRAM	AID CODE	7H		
					MON		
00 ELIGIBLES		S OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	_	DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

					MON	LHLY AVERAGE	,
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00 \$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00 \$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00 \$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00 \$	.00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00 \$	.00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR!	ES MONTH-OF-PAY	MENT REPO	RT FOR JAN 2003	THRU D	EC 2003	E 10,208
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	MEDI-CAI	_ TUBERCULOSIS	PROGRAM	AID CODE 7H			

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000 \$	.00	•
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
* TOTAL THE THEOR LINES ADD CIVI	וגרוידים א יויי איד	ATT TATEODMATTON TO	DEM ONT	T 7.7 •		•		

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,209
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MO	NTHLY AVERA	GE	
22 ELIGIBLES	USERS UNITS (	F SERVIC	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAY	S OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18	69	\$	3,977.01	\$ 57.64	3.136	\$ 220.95	\$	180.77
@PHYSICIANS SERVICES	1	1	\$	53.79	\$ 53.79	.045	\$ 53.79	\$	2.45
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	1	1		53.79	53.79	.045	53.79		2.45
OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT	0 0 0 0 0 0 0	0 0 0 0 0 0 0		.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00		2

HOSPITAL VISITS	1	1			53.79		53.79	.045		53.79		2.45
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	3	5	\$		26.95	\$	5.39	.227	\$	8.98	\$	1.23
PRESCRIPTION DRUGS	3	5			26.95		5.39	.227		8.98		1.23
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	3	5			26.95		5.39	.227		8.98		1.23
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MON	TH-OF-1	PAYMENT RE	EPORT	FOR JAN 200	)3 THRU	DEC	2003	PA	GE 10,210
MOP024	FEE-FOR-SERVICE/DENTAL							_				01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	MINOR (	CONSENT	AID C	DDES AID (	CODES	'/M 7P 7R 71	Λ	O. T. T. T.		a=	

22 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	; (	COST PER		COST PER
	0.0 = 0.0	OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000	•	.00	·	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	Š	.00	\$	.00	.000		.00		.00
@TOTAL HOSPITAL	6		32	Ċ.	662.25	\$ \$	20.70	1.455		110.38		30.10
	0			Ą		Ą			Ą		Ą	
HOSP INPATIENT TOTAL	Ü		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	0		0							.00		
ALL OTHER ACCOM	U		U		.00		.00	.000				.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6		32		662.25		20.70	1.455		110.38		30.10
MEDICAL	3		3		226.36		75.45	.136		75.45		10.29
SURGERY	0		0		.00		.00	.000		.00		.00
	0		-									
PATHOLOGY	5		18		224.81		12.49	.818		44.96		10.22
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	3		3		130.50		43.50	.136		43.50		5.93
CROSSOVERS/ALL OTH OUTPINT	1		8		80.58		10.07	.364		80.58		3.66
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	٧	.00	Υ	.00	.000	~	.00	٧	.00
	0		0									
HSC HOSPITALS	U		U		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
	0		0									
INPATIENT CROSSOVERS	U		U		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00					.00		
ROOM USE	U		0				.00	.000				.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXP	PENDITUR	RES MON	ITH-OF-PAYMENT F	REPORT	FOR JAN 2	2003 THRU 1	DEC	2003	PP	AGE 10,211
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	MINOR C	CONSENT	AID CODES AID	CODES	7M 7P 7R	7N				
								Mo	ЭМТН	LY AVERA	GE -	
22 ELIGIBLES	USERS	UNITS OF	SERVICE	7.	EXPENDITURES	Δ1/₽1	RACE COST	UNITS/DAY:			_	COST PER
22 511610150	ODERD	OR DAYS			TWE EMPTIONED			PER ELIG		USER	_	ELIGIBLE
OCOMUNITAL HOCKET	_	OK DAYS			660.05							
@COMMUNITY HOSPITAL TOTAL	6		32	\$	662.25	\$	20.70	1.455	Ş	110.38	Ş	30.10
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
UCC UCCDTTAIC	Λ		Λ		0.0		0.0	000		0.0		0.0

22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	32 \$	662.25	\$ 20.70	1.455 \$	110.38	\$ 30.10
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	32	662.25	20.70	1.455	110.38	30.10
MEDICAL	3	3	226.36	75.45	.136	75.45	10.29
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	18	224.81	12.49	.818	44.96	10.22

RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3	3		130.50		43.50	.136		43.50		5.93
CROSSOVERS/ALL OTH OUTPTNT	1	8		80.58		10.07	.364		80.58		3.66
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00		.00	.000	•	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14	29	\$	3,024.02	\$	104.28	1.318	\$	216.00	\$	137.46
CLINIC	5	16		731.34		45.71	.727		146.27		33.24
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	13		2,292.68		176.36	.591		254.74		104.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MON'	TH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU	DEC	2003	Ρź	AGE 10,212
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSENT	AID CODES AID (	CODES	3 7M 7P 7R					
							M	ONT	HLY AVERA	GE ·	

22 ELIGIBLES **USERS** UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY 105.00 @ALL OTHER PROVIDERS 2 2 210.00 105.00 .091 \$ \$ 9.55 .00 DURABLE MED. EQUIP. 0 0 .00 .000 .00 .00 0 0 .00 .00 .000 .00 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 2 210.00 105.00 .091 105.00 9.55 0 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 PROSTHETICS .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS PSYCHOLOGIST 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,213
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLUMAS COUNTY	SUMMARY OF SERVICE		EUMYBUG	CASES	TN DA-FAMILIES	AID CODE	3.8		01/25/01
FIGNAS COUNTI	SOMMANT OF SERVIC	JED FOR	EDWARDS	CADED	IN FA FAMILIES	AID CODE	MON	מקקוים עוודיו	GF
338 ELIGIBLES	USERS (	JNITS OF	CEDVITCE		EXPENDITURES	AVERAGE COST			COST PER
330 EDIGIBLES		OR DAYS			EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	186	OK DAIS	811	\$	32,696.92	\$ 40.32	2.399 \$		
@PHYSICIANS SERVICES	23		45	ې د	1,536.13	\$ 34.14	.133 \$		
	23 6			Ş					•
OUTPATIENT VISITS			6		221.27	36.88	.018	36.88	.65
OFFICE VISITS	2		2		59.56	29.78	.006	29.78	.18
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4		4		161.71	40.43	.012	40.43	.48
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	3		14		198.13	14.15	.041	66.04	.59
HOSPITAL VISITS	3		14		198.13	14.15	.041	66.04	.59
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3		3		152.73	50.91	.009	50.91	.45
EXAMINATIONS	3		3		152.73	50.91	.009	50.91	.45
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1		1		22.80	22.80	.003	22.80	.07
PRINCIPAL SURGEON	_ 1		1		22.80	22.80	.003	22.80	.07
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		Ö		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2		2		137.81	68.91	.006	68.91	.41
PRINCIPAL SURGEON	2		2		137.81	68.91	.006	68.91	.41
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	1		1		31.95	31.95	.003	31.95	.09
	13		15		634.56	42.30		48.81	
RADIOLOGY	0		12				.044		1.88
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0				.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2 94		3	4	136.88	45.63	.009	68.44	.40
@PHARMACY	94		380	\$	8,346.73	\$ 21.97	1.124 \$		•
PRESCRIPTION DRUGS	93		180		8,240.03	45.78	.533	88.60	24.38
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	93		180		8,240.03	45.78	.533	88.60	24.38
MEDICAL SUPPLIES	2		200		106.70	.53	.592	53.35	.32
@DENTIST	5		27	\$	721.00	\$ 26.70	.080 \$		
VISITS - DIAGNOSTIC	3		17		265.00	15.59	.050	88.33	.78
ORAL SURGERY	2		2		90.00	45.00	.006	45.00	. 27
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5		8		366.00	45.75	.024	73.20	1.08
PROSTHETICS	0		0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0		0		.00		.00	.000	)	.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000	)	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	)	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000	)	.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	)	.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000	)	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXI	PENDITURE	ES MON'	TH-OF-PAYMENT R	EPORT F	OR JAN	2003 THRI	J DEC	2003	PAG	E 10,214
MOP024	FEE-FOR-SERVICE/	DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR	EDWARDS	CASES	IN PA-FAMILIES	A	ID CODE	38				
									MONT	THLY AVERA	3E	
338 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DA	AYS	COST PER	CO	ST PER
		OR DAYS	OF CARE			PER U	NIT/DAY	PER EL	I.G	USER	EL	IGIBLE
@OPTOMETRIST	2		7	\$	108.29	\$	15.47	.023	L \$	54.15	\$	.32
DIAGNOSTIC AND ANC. PROCED	1		1		22.59		22.59	.003	3	22.59		.07
EYE APPLIANCES	2		6		85.70		14.28	.018	3	42.85		.25
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	)	.00		.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	т	.00	т.	.00	.000	т.	.00	4	.00
	0										
OTHER SERVICES	Ü	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0										
RADIO./PATHOLOGY	Ü	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	Ġ	.00	\$	.00	.000	\$	.00	\$	.00
	0		ė.								
NURSE MIDWIFE	U	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	45	184	Ś	4,830.08	Ė	26.25	.544	\$	107.34	Ś	14.29
HOSP INPATIENT TOTAL	0	0	٧	86.00	٧		.000	~	.00	Ψ.	
	U					.00					. 25
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		86.00		.00	.000		.00		. 25
ACCOMMODATIONS	0	0		85.96		.00	.000		.00		.25
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	-										
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		85.96		.00	.000		.00		. 25
ANCILLARIES	0	0		.04		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	•										
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	45	184		4,744.08		25.78	.544		105.42		14.04
MEDICAL	24	33		1,218.07		36.91	.098		50.75		3.60
SURGERY	1	1		122.93		122.93	.003		122.93		.36
	12	51		600.62		11.78	.151		50.05		1.78
PATHOLOGY											
RADIOLOGY	13	14		881.99		63.00	.041		67.85		2.61
ROOM USE	29	40		1,426.02		35.65	.118		49.17		4.22
CROSSOVERS/ALL OTH OUTPTNT	17	45		494.45		10.99	.133		29.09		1.46
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
			Ą		Ą			Ą		Ą	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	U			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0										
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
PATHOLOGY	0	0				.00					.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDUTO	ES AND EXPENDITUR	EC MC		ים חחם			חבכ		D	AGE 10,215
			או כים.	JNIII-OF-FAIMENT KI	EFOI	I POR UAN	2003 11110	DEC	2003	F	
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASE	ES IN PA-FAMILIES		AID CODE	38				
							M	ONT	HLY AVERA	GE ·	
338 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔV	ERAGE COST					COST PER
330 11101110	OBLIG			EIII EIVETTOILE							
	4 -	OR DAYS OF CARE		4 000 00		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	184	\$	4,830.08	\$	26.25	.544	\$	107.34	\$	14.29
COMM HOSP INPATIENT TOTAL	0	0		86.00		.00	.000		.00		.25
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ŏ	0		86.00		.00	.000		.00		.25
ACCOMMODATIONS	0	0		85.96		.00	.000		.00		. 25

ADMINICADAMINA DAMA	0	0		0.0		0.0	0.00		0.0		0.0
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		85.96		.00	.000		.00		.25
ANCILLARIES	0	0		.04		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ő		.00		.00	.000		.00		.00
	4.5										
COMM HOSP OUTPATIENT TOTAL	45	184		4,744.08		25.78	.544		105.42		14.04
MEDICAL	24	33		1,218.07		36.91	.098		50.75		3.60
SURGERY	1	1		122.93		122.93	.003		122.93		.36
PATHOLOGY	12	51		600.62		11.78	.151		50.05		1.78
RADIOLOGY	13	14		881.99		63.00	.041		67.85		2.61
ROOM USE	29	40		1,426.02		35.65	.118		49.17		4.22
CROSSOVERS/ALL OTH OUTPTNT		45		494.45		10.99	.133		29.09		1.46
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
LEV A-INTERMEDIATE	0	Ő	Υ	.00	Ψ.	.00	.000	٧	.00	Ψ.	.00
	0	0									
LEV B-REHAB MD	U	-		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	ő	\$	.00	\$	.00	.000	Ġ	.00	\$	.00
	0	0	Ą		Ą			Ą		Ą	
ICF DDH	U	•		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
	0	0	Ş		Ą			Ą		Ą	
HOSPITAL BASED	U			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	11	\$	170.21	\$	15.47	.033	\$	42.55	\$	.50
PATHOLOGY	4	11		170.21		15.47	.033		42.55		.50
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	78	102	\$	16,544.08	\$	162.20		\$	212.10	Ś	48.95
CLINIC CLINIC	, 0	0	Ÿ	.00	Y	.00	.000	Y	.00	Ų	.00
	0										
SURGICENTER	U	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	78	102		16,544.08		162.20	.302		212.10		48.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MON'	TH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 10,216
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICE		CASES	TN PA-FAMILIES		AID CODE	3.8				,,
THOMAS COONTI	BOTHWART OF BEREVICE	B I OR LDWINDS	СПОЦО	110 171 1711111111111111111111111111111		TIID CODE		יידא	HLY AVERA	<b>∵</b> ₽	
220 ELIGIBLES	HOEDO IN	THE OF CERTICE		EXPENDIBLE	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7						
338 ELIGIBLES		ITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
	_	R DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	17	55	\$	440.40	\$	8.01	.163	\$	25.91	\$	1.30
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	Ő		.00		.00	.000		.00		.00
	0	0									
MEDICAL TRANSPORTATION	U			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	ő		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
GENETIC DISEASE TESTING						.00					.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	2	4	33.28	8.32	.012	16.64	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	50	348.07	6.96	.148	24.86	1.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	59.05	59.05	.003	59.05	.17
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

01/29/04

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,217 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

70 BLIGIDING	Hanna	IDITES OF SERVICE		ATTERNACE COCH		TOUR DED	COCE DED
78 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
omomit itt proutperd	26	OR DAYS OF CARE	12 620 00	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	36	192 \$	13,632.20	\$ 71.00	2.462 \$	378.67 \$	174.77
@PHYSICIANS SERVICES	9	12 \$	349.17	\$ 29.10	.154 \$	38.80 \$	4.48
OUTPATIENT VISITS	1	1	68.35	68.35	.013	68.35	.88
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.013	68.35	.88
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	60.25	60.25	.013	60.25	.77
RADIOLOGY	8	10	220.57	22.06	.128	27.57	2.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	27	46 \$	3,307.05	\$ 71.89	.590 \$	122.48 \$	42.40
PRESCRIPTION DRUGS	27	46	3,307.05	71.89	.590	122.48	42.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	27	46	3,307.05	71.89	.590	122.48	42.40

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONT	TH-OF-PAYMENT RE	EPORT	r for jan 200	3 THRU DE	C 2003	PAGE 10,218
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	SSI AP	PEAL/NLI	OC IN PA-DISABLE	ED A	ID CODES 6N 6	P		

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR SSI AP	PEAL/	NLDC IN PA-DISABL	ED A	ID CODES 61					
								-	THLY AVERA	GΕ	
78 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1	7	\$	133.15	\$	19.02	.090	\$	133.15	\$	1.71
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.013		47.45		.61
EYE APPLIANCES	1	6		85.70		14.28	.077		85.70		1.10
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	13	89	\$	6,189.35	\$	69.54	1.141	\$	476.10	\$	79.35
HOSP INPATIENT TOTAL	1	2		3,126.48		1563.24	.026		3126.48		40.08
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		3,126.48		1563.24	.026		3126.48		40.08
ACCOMMODATIONS	1	2		1,175.44		587.72	.026		1175.44		15.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,175.44		587.72	.026		1175.44		15.07
ANCILLARIES	1	0		1,951.04		.00	.000		1951.04		25.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13	87		3,062.87		35.21	1.115		235.61		39.27
MEDICAL	4	10		522.59		52.26	.128		130.65		6.70
SURGERY	4	6		778.39		129.73	.077		194.60		9.98
PATHOLOGY	5	23		306.05		13.31	.295		61.21		3.92
RADIOLOGY	8	10		569.51		56.95	.128		71.19		7.30
ROOM USE	8	19		704.31		37.07	.244		88.04		9.03
CROSSOVERS/ALL OTH OUTPTNT	8	19		182.02		9.58	.244		22.75		2.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 10,219

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL PLUMAS COUNTY

PLOMAS COUNTI	SUMMARI OF SERV	ICES FOR SSI APE	'EAL/	NLDC IN PA-DISABL	ED A	TO CODES OF		ONTER!		aп	
70 EL TOTRI EG	HGEDG	INITES OF SERVICE	,	EXPENDIMINE	7. 7. 7. 7.	ERAGE COST	M				COCH DED
78 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					COST PER		COST PER
OCOMMINITES HOODIEST HORST	13	OR DAYS OF CARE		6 100 25		R UNIT/DAY			USER 476.10		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		89	\$	6,189.35	\$	69.54	1.141	Þ		Þ	79.35
COMM HOSP INPATIENT TOTAL	1 0	2		3,126.48		1563.24	.026		3126.48		40.08
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		3,126.48		1563.24	.026		3126.48		40.08
ACCOMMODATIONS	1	0		1,175.44		587.72	.026		1175.44		15.07
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0 2		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1			1,175.44		587.72	.026		1175.44		15.07
ANCILLARIES	1	0		1,951.04		.00	.000		1951.04		25.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13	87		3,062.87		35.21	1.115		235.61		39.27
MEDICAL	4	10		522.59		52.26	.128		130.65		6.70
SURGERY	4	6		778.39		129.73	.077		194.60		9.98
PATHOLOGY	5	23		306.05		13.31	.295		61.21		3.92
RADIOLOGY	8	10		569.51		56.95	.128		71.19		7.30
ROOM USE	8	19		704.31		37.07	.244		88.04		9.03
CROSSOVERS/ALL OTH OUTPTNT	8	19		182.02		9.58	.244		22.75		2.33
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	6	\$	171.40	\$	28.57	.077	\$	42.85	\$	2.20
PATHOLOGY	4	6	•	171.40		28.57	.077		42.85		2.20
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	24	\$	3,205.30	\$	133.55	.308	\$		\$	41.09
CLINIC	0	0	•	.00	•	.00	.000	•	.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	24		3,205.30		133.55	.308		213.69		41.09
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES MO		EPORT			DEC		Р	AGE 10,220
MOP024	FEE-FOR-SERVICE									_	01/29/04
PLUMAS COUNTY		ICES FOR SSI API	PEAL/1	NLDC IN PA-DISART	ED A1	D CODES 61	N 6P				,,
	CILLETT OF OHIO					00220 01	M	ОИТ	HLY AVERA	GE	
78 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	Δ1/1	ERAGE COST					COST PER
, 0 111010	ODLIND	OR DAYS OF CARE		LILL LIVE I OKEO		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	3	8	\$	276.78	\$	34.60	.103		92.26		3.55
DURABLE MED. EQUIP.	0	0	٧	.00	Y	.00	.000	Y	.00	۲	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
PHOOD DUINT	O	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	4	243.50	60.88	.051	121.75	3.12
AMBULANCES/AIR TRANS	2	4	243.50	60.88	.051	121.75	3.12
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	33.28	8.32	.051	33.28	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
at manage the milest tribe and stripe	3 C 3 C D 3 D 3 C D	TATEODAYA ET CAT TEENY CATTAI					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 10,221
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E	

	MONTHLY AVE						
32 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	44	835 \$	83,904.71	\$ 100.48	26.094 \$	1906.93 \$	2622.02
@PHYSICIANS SERVICES	2	4 \$	15.31	\$ 3.83	.125 \$	7.66 \$	.48
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	4		15.31		3.83	.125		7.66		.48
@PHARMACY	43	203	\$	12,770.67	\$ 6	2.91	6.344	\$	296.99	\$	399.08
PRESCRIPTION DRUGS	43	203		12,770.67	6	2.91	6.344		296.99		399.08
SNF/ICF	27	152		9,097.82	5	9.85	4.750		336.96		284.31
OUTPATIENTS	16	51		3,672.85	7	2.02	1.594		229.55		114.78
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MOI	NTH-OF-PAYMENT REI	PORT FO	R JAN :	2003 THRU	DEC	2003	PA	GE 10,222
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED	A	ID COD	E 1E				

PLUMAS COUNTI	SUMMARI OF SERVICE	DIAND NOT CL	HOFO-	AGED IN PA-AGED		AID CODE	r TE				
							MO	TNC	HLY AVERA	GΕ	
32 ELIGIBLES	USERS UN	NITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
	C	OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	4	\$	98.36	\$	24.59	.125	\$	49.18	\$	3.07
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	3		53.11		17.70	.094		53.11		1.66
OTHER OPTOMETRIC SERVICES	1	1		45.25		45.25	.031		45.25		1.41
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4	16	\$	120.70	\$	7.54	.500	\$	30.18	\$	3.77
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	4	16	120.70	7.54	.500	30.18	3.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	16	120.70	7.54	.500	30.18	3.77
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 10,223
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R CRAIG CASES	- AGED IN PA-AGED	AID COD	E 1E		
					MONT	THLY AVERA	GE
32 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	16 \$	120.70	\$ 7.54	.500 \$	30.18	\$ 3.77
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	Ο	0.0	0.0	000	0.0	0.0

32 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE		PE:	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	16	\$ 120.70	\$	7.54	.500	\$	30.18	\$ 3.77
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	4	16	120.70		7.54	.500		30.18	3.77
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00
RADIOLOGY	0	0	.00		.00	.000		.00	.00
ROOM USE	0	0	.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	16	120.70		7.54	.500		30.18	3.77
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MENTALLY ILL	0	0	.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	.00
@NURSING FACILITY	25	602	\$ 70,194.46	\$	116.60	18.813	\$	2807.78	\$ 2193.58
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
LEV B-REGULAR	25	602	70,194.46		116.60	18.813		2807.78	2193.58
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00

		_					
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$ 679.13	\$ 169.78	.125	\$ 169.78	\$ 21.22
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 4 4 679.13 169.78 .125 169.78 21.22 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,224 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MON'	THLY AVERAG	E
32 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	26.08	\$ 13.04	.063 \$	26.08	\$ .82
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.063	26.08	.82
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	9	21 \$	995.48	\$ 47.40	.656 \$	110.61	\$ 31.11
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	INFORMATION ITEM ON	LY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPRO	PRIATE DETAIL LINES	ABOVE				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,225 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

I LOND COONII	DOMINIOT OF DIRECT	CHO LOIC CIGILO CLIDHO	DUIND IN IN DUIL	VD TILD CODI			
					MOI	NTHLY AVERA	GE
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3	9 \$	282.67	\$ 31.41	1.286	\$ 94.22	\$ 40.38
@PHYSICIANS SERVICES	1	2 \$	67.66	\$ 33.83	.286	\$ 67.66	\$ 9.67
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	67.66	33.83	.286	67.66	9.67

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	1	2		67.66		33.83	.286	67.66		9.67
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	2	4	\$	137.07	\$	34.27	.571 \$		Ś	19.58
PRESCRIPTION DRUGS	2	4	٧	137.07	٧	34.27	.571	68.54	٧	19.58
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	2	4		137.07		34.27	.571	68.54		19.58
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000		Ġ	.00
VISITS - DIAGNOSTIC	0	0	Y	.00	Ÿ	.00	.000	.00	Y	.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	U CAL GERIAG	U TANKE TANKE THE	TO NO						ъ.	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO	NIH-OF-PAYMENT RI	EPORT.	FOR JAN 2	2003 THRU DE	C 2003	PF	AGE 10,226
MOP024	FEE-FOR-SERVICE		13 GEG	DITAID TAI DA DITA	NTD	ATD CODE	. 0.11			01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES-	BUTIND IN BY-RPII	עוא	AID CODE			αn.	
07 ELIGIDIEC	HOEDC	INTEG OF GERITA	ı	EVDENDIBLES	7.7.7.7		MON			TOOM DED
07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	ONTT/DAY	PER ELIG	USER	E	ELIGIBLE

07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17E	RAGE COST	UNITS/DAY	S	COST PER	 COST PER
07 HHIGIDHHO	орыкр	OR DAYS OF CARE		LZI LIVDI I OKLID		UNIT/DAY	PER ELIG	-	USER	ELIGIBLE
@ODEOMETED I CET	0	OR DAIS OF CARE	<u>.</u>	0.0	4 E 1:17					 -
@OPTOMETRIST	0	0	Ş	.00	Ş	.00	.000	Þ	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	1	3	\$	77.94	\$	25.98	.429	\$	77.94	\$ 11.13

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	3	77.94	25.98	.429	77.94	11.13
MEDICAL	1	1	35.09	35.09	.143	35.09	5.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.143	34.21	4.89
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.64	8.64	.143	8.64	1.23
@COUNTY HOSPITAL TOTAL	1	0 \$		\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	υ ş	.00	.00	.000 \$	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0			.000		
	0	0	.00	.00		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 10,227
MOP024	FEE-FOR-SERVICE						01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CAS	ES- BLIND IN PA-BLI	ND AID COD			
					MON		
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

						11111 1111111111	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3 \$	77.94	\$ 25.98	.429 \$	77.94	\$ 11.13
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3	77.94	25.98	.429	77.94	11.13
MEDICAL	1	1	35.09	35.09	.143	35.09	5.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.143	34.21	4.89
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.64	8.64	.143	8.64	1.23
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MO	NTH-OF-	-PAYMENT	REPORT	FOR JAN 2	003 THRU	DEC	2003	PA	GE 10,228
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND	IN PA-BL	IND	AID CODE	2E				
								M	ONTH	ILY AVERA	GE -	

					MON'	THLY AVERAGI	E
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	)	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	) \$	.00	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	) \$	.00	.000	\$ .00	\$	.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	INFORMATIO	N ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPRO	PRIATE DETA	IL LINE	ES ABOVE.						
** THESE DATA ARE INCLUDED II	N THE APPROPRIATE D	ETAIL LINES	ABOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDI	TURES M	MONTH-OF-PAYMENT	REPORT	r for jan	2003 THRU D	EC 2003	I	PAGE 10,229
MOP024	FEE-FOR-SERVICE/DE	INTAL								01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICE	S FOR CRAI	G CASES	S- DISABLED IN PA	-DISA	BLED AID C	ODE 6E			
							MO	NTHLY AVERA	AGE	
89 ELIGIBLES	USERS UN	IITS OF SERV	ICE	EXPENDITURES	S AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
	C	OR DAYS OF C	ARE		PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	90	939	\$	132,940.50	) \$	141.58	10.551	\$ 1477.12	\$	1493.71
@PHYSICIANS SERVICES	22	99	\$	7,924.38	\$	80.04	1.112	\$ 360.20	\$	89.04
OUTPATIENT VISITS	8	11		348.14	Į.	31.65	.124	43.52		3.91
OFFICE VISITS	7	10		302.38	}	30.24	.112	43.20		3.40

HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1			45.76		45.76	.011		45.76		.51
INPATIENT VISITS	4	15			608.32		40.55	.169		152.08		6.84
HOSPITAL VISITS	4	15			608.32		40.55	.169		152.08		6.84
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1			46.44		46.44	.011		46.44		.52
EXAMINATIONS	1	1			46.44		46.44	.011		46.44		.52
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	29			4,091.14		141.07	.326		1363.71		45.97
PRINCIPAL SURGEON	2	4			3,357.41		839.35	.045		1678.71		37.72
ASSISTANT SURGEON	1	1			186.50		186.50	.011		186.50		2.10
ANESTHESIOLOGIST	1	24			547.23		22.80	.270		547.23		6.15
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	4	6			25.97		4.33	.067		6.49		.29
RADIOLOGY	10	26			2,469.91		95.00	.292		246.99		27.75
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2			20.01		10.01	.022		10.01		.22
OTHER SERVICES/ALL X-OVERS	6	9			314.45		34.94	.101		52.41		3.53
@PHARMACY	72	276	\$		18,751.25	\$	67.94	3.101	\$	260.43	\$	210.69
PRESCRIPTION DRUGS	71	271	•		18,744.18	•	69.17	3.045	•	264.00	·	210.61
SNF/ICF	8	61			1,726.47		28.30	.685		215.81		19.40
OUTPATIENTS	63	210			17,017.71		81.04	2.360		270.12		191.21
MEDICAL SUPPLIES	1	5			7.07		1.41	.056		7.07		.08
@DENTIST	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	•		.00	•	.00	.000		.00	•	.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX		RES MO	ONTH-OF		EPORT					P <i>I</i>	AGE 10,230
MOP024	FEE-FOR-SERVICE/DENTAL		_	_				_				01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	- DISAE	BLED IN PA-	DISA	BLED AID (	CODE 6E				

----- MONTHLY AVERAGE -----89 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2.85 @OPTOMETRIST 3 14 \$ 253.85 \$ 18.13 .157 \$ 84.62 \$ 1 DIAGNOSTIC AND ANC. PROCED 47.45 47.45 .011 47.45 .53 11 160.89 14.63 .124 53.63 EYE APPLIANCES 1.81 45.51 22.76 .022 45.51 .51 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 .00 0 .00 .00 VISITS .000 .00 .00 0 OTHER SERVICES 0 .00 .000 .00 .00 .000 \$ @PODIATRIST .00 \$ .00 .00 \$ .00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		\$	.00
NURSE ANESTHESIST	0	0	ė,	.00		.00			\$	.00
	0	0	Ş		\$				۶ \$	
NURSE MIDWIFE	U	•	Ş	.00	Ş	.00	.000 \$		~	.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00	.000 \$		\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000 \$		\$	.00
@TOTAL HOSPITAL	23	138	\$	69,196.47	\$	501.42	1.551 \$		\$	777.49
HOSP INPATIENT TOTAL	7	31		65,153.59		2101.73	.348	9307.66		732.06
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	6	28		64,313.59		2296.91	.315	10718.93		722.62
ACCOMMODATIONS	6	28		16,842.37		601.51	.315	2807.06		189.24
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	6	28		16,842.37		601.51	.315	2807.06		189.24
ANCILLARIES	6	0		47,471.22		.00	.000	7911.87		533.38
- · · · · · · · · · · · · · · · · · · ·	1	3		•						
INPATIENT CROSSOVERS	0			840.00		280.00	.034	840.00		9.44
ALL OTHER INPATIENT	_	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	21	107		4,042.88		37.78	1.202	192.52		45.43
MEDICAL	8	12		704.85		58.74	.135	88.11		7.92
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	7	24		239.68		9.99	.270	34.24		2.69
RADIOLOGY	5	8		1,719.62		214.95	.090	343.92		19.32
ROOM USE	13	15		542.34		36.16	.169	41.72		6.09
CROSSOVERS/ALL OTH OUTPTNT	16	48		836.39		17.42	.539	52.27		9.40
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	т.	.00	-T	.00	.000	.00	т	.00
HSC HOSPITALS	0	Õ		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0				.00				
ADMINISTRATIVE DAYS	0	0		.00			.000	.00		.00
TRANSITIONAL IP CARE	U	U		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	Ü		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	Ô	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
	MEDI GAI GEDITGEG	•							ъ.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MC	DNTH-OF-PAYMENT R	EPOR	I FOR JAN 2	ZUUS THRU DE	C 2003	P	AGE 10,231
MOP024	FEE-FOR-SERVICE/D		a. a	DIGIDI	D = ~ - ·		222			01/29/04
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR CRAIG	CASES-	- DISABLED IN PA-1	DISA	RPED VID CO			~-	
							MON			
89 ELIGIBLES		NITS OF SERVIC		EXPENDITURES				COST PER		COST PER
		OR DAYS OF CAR	E		PE:	R UNIT/DAY	PER ELIG	USER	]	ELIGIBLE

69,196.47 1.551 \$ 3008.54 \$ 777.49 @COMMUNITY HOSPITAL TOTAL 138 \$ 501.42 .348 COMM HOSP INPATIENT TOTAL 31 65,153.59 2101.73 9307.66 732.06 .00 .000 .00 .00 HSC HOSPITALS 0 .00 NON-HSC HOSPITALS TOTAL 28 64,313.59 2296.91 .315 10718.93 722.62 28 16,842.37 601.51 .315 2807.06 189.24 ACCOMMODATIONS ADMINISTRATIVE DAYS .000 .00 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .000 16,842.37 601.51 2807.06 189.24 ALL OTHER ACCOM 6 28 .315 47,471.22 .000 ANCILLARIES 0 .00 7911.87 533.38

INPATIENT CROSSOVERS	1	3		840.00		280.00	.034		840.00		9.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	21	107		4,042.88		37.78	1.202		192.52		45.43
MEDICAL	8	12		704.85		58.74	.135		88.11		7.92
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	24		239.68		9.99	.270		34.24		2.69
RADIOLOGY	5	8		1,719.62		214.95	.090		343.92		19.32
ROOM USE	13	15		542.34		36.16	.169		41.72		6.09
CROSSOVERS/ALL OTH OUTPINT	16	48		836.39		17.42	.539		52.27		9.40
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	245	\$	29,067.94	\$	118.64	2.753	\$	4844.66	\$	326.61
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	245		29,067.94		118.64	2.753		4844.66		326.61
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	12	\$	301.63	\$	25.14	.135	\$	60.33	\$	3.39
PATHOLOGY	5	12		301.63		25.14	.135		60.33		3.39
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	26	47	\$	6,168.39	\$	131.24	.528	\$	237.25	\$	69.31
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	47		6,168.39		131.24	.528		237.25		69.31
#CALIF DEPT OF HEALTH SERV			URES M	ONTH-OF-PAYMENT R	EPOR	r for jan	2003 THRU	DEC	2003	P7	AGE 10,232
MOP024	FEE-FOR-SERVICE	•									01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR CRAIG	CASES	- DISABLED IN PA-	DISA	BLED AID					
							M				
89 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV1	ERAGE COS	T UNITS/DAY	ZS.	COST PER	(	COST PER

89 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTO /DAVO	COST PER	COST PER
O EDIGIBLES	CMECO		EXFERDITORES				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	108 \$	1,276.59	\$ 11.82	1.213 \$	182.37	\$ 14.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	5	24.19	4.84	.056	12.10	.27
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	5	24.19	4.84	.056	12.10	.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	68.80	11.47	.067	22.93	.77
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	97	1,183.60	12.20	1.090	591.80	13.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	10	36	\$ 1,621.89	\$ 45.05	.404	\$ 162.19	\$ 18.22

PAGE 10,233

01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

FIOMAS COUNTI	SUMMART OF SERV	TICES FOR CRAIG CAL	-046	IOIAL IN FA-IOIA	.ш	M	יידוא	מדע אזידיםא	CF	
128 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER		COST PER
120 EDIGIBLES	USEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	137		5	217,127.88	\$ 121.78	13.930		1584.88		1696.31
@PHYSICIANS SERVICES	25		, 5	8,007.35	\$ 76.26		\$	320.29		62.56
OUTPATIENT VISITS	8	11	7	348.14	31.65	.086	Ÿ	43.52	Ÿ	2.72
OFFICE VISITS	7	10		302.38	30.24	.078		43.20		2.36
HOME VISITS	,	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	1	1		45.76	45.76	.008		45.76		.36
INPATIENT VISITS	4	15		608.32	40.55	.117		152.08		4.75
HOSPITAL VISITS	4	15		608.32	40.55	.117		152.08		4.75
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	Ő	Õ		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	3		114.10	38.03	.023		57.05		.89
EXAMINATIONS	2	3		114.10	38.03	.023		57.05		.89
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	29		4,091.14	141.07	.227		1363.71		31.96
PRINCIPAL SURGEON	3	4		3,357.41	839.35	.031		1678.71		26.23
ASSISTANT SURGEON	_ 1	1		186.50	186.50	.008		186.50		1.46
ANESTHESIOLOGIST	1	24		547.23	22.80	.188		547.23		4.28
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	4	6		25.97	4.33	.047		6.49		.20
RADIOLOGY	10	26		2,469.91	95.00	.203		246.99		19.30
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		20.01	10.01	.016		10.01		.16
OTHER SERVICES/ALL X-OVERS	8	13		329.76	25.37	.102		41.22		2.58
@PHARMACY	117	483	<b>5</b>	31,658.99	\$ 65.55	3.773	\$	270.59	\$	247.34
PRESCRIPTION DRUGS	116	478		31,651.92	66.22	3.734		272.86		247.28
SNF/ICF	35	213		10,824.29	50.82	1.664		309.27		84.56
OUTPATIENTS	81	265		20,827.63	78.59	2.070		257.13		162.72
MEDICAL SUPPLIES	1	5		7.07	1.41	.039		7.07		.06
@DENTIST	0	0 \$	<b>;</b>	.00	\$ .00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000		.00		.00
ORAL SURGERY	0	0		.00	.00	.000		.00		.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 10,234
MOP024	FEE-FOR-SERVICE/DENTA	AL .					01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR CRAIG CASES-	- TOTAL IN PA-TOTAL				

128 ELIGIBLES		TS OF SERVICE R DAYS OF CARE		EXPENDITURES			UNITS/DAY PER ELIG		COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	5	18	\$	352.21		19.57	.141		70.44	\$	2.75
DIAGNOSTIC AND ANC. PROCED	1	1	•	47.45		47.45	.008		47.45		.37
EYE APPLIANCES	4	14		214.00		15.29	.109		53.50		1.67
OTHER OPTOMETRIC SERVICES	2	3		90.76		30.25	.023		45.38		.71
@CHIROPRACTOR	0	0	\$	.00		.00	.000	Ś	.00	Ś	.00
VISITS	Ů	Ő	٧	.00		.00	.000	Y	.00	٧	.00
OTHER SERVICES	Ů	0		.00		.00	.000		.00		.00
@PODIATRIST	Ů	0	\$	.00		.00	.000	Ś		\$	.00
MEDICINE/INJECTIONS	Ů	0	٧	.00		.00	.000	Y	.00	٧	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	ς γ	.00		.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	ς γ	.00		.00	.000	Ġ	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	٠ ب	.00		.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	بې بې	.00		.00	.000		.00	\$	.00
@TOTAL HOSPITAL	28	157	ن ب	69,395.11		442.01	1.227		2478.40	۶ \$	542.15
	20 7		Ą	65,153.59		2101.73	.242	Ą	9307.66	Ą	509.01
HOSP INPATIENT TOTAL HSC HOSPITALS	0	31 0									
	0			.00 64,313.59		.00	.000	-	.00		.00
NON-HSC HOSPITAL TOTAL	6	28 28				2296.91 601.51	.219	-	10718.93 2807.06		502.45
ACCOMMODATIONS	0			16,842.37			.219				131.58
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0 6	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	28		16,842.37		601.51	.219		2807.06		131.58
ANCILLARIES	0	0		47,471.22		.00	.000		7911.87		370.87
INPATIENT CROSSOVERS	0	3		840.00		280.00	.023		840.00		6.56
ALL OTHER INPATIENT	26			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	26 9	126		4,241.52 739.94		33.66	.984		163.14		33.14 5.78
MEDICAL	0	13 0				56.92	.102		82.22		
SURGERY	7	24		.00		.00	.000		.00		.00
PATHOLOGY	/	8		239.68 1,719.62		9.99 214.95	.188		34.24 343.92		1.87 13.43
RADIOLOGY	14	16		•		36.03	.125		41.18		4.50
ROOM USE	21	65		576.55							
CROSSOVERS/ALL OTH OUTPTNT	0	0	Ċ	965.73		14.86	.508	4	45.99 .00	4	7.54 .00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	•	.00	.000	Ą	.00	Ą	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	•	ES MONTH					DEC		D	AGE 10,235
MOP024	FEE-FOR-SERVICE/DEN		LO MINIT	. OI IMINIMI	TUL OILI	I OIL UAIN	2005 11110	2110	2003	EZ	01/29/04
PLUMAS COUNTY	SUMMARY OF SERVICES		ASES- TO	TAL IN PA-TO	OTAI.						J = , = J / U I
		511					M	ONTI	HLY AVERA	GE -	

AS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----
128 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

					חשח	IINITT / D N N	DED ELIC		HCED		ET TOTDI E
@COMMUNITY HOSPITAL TOTAL	28	OR DAYS OF CARE	\$	69,395.11	РЕК \$	442.01	PER ELIG		USER 2478.40	\$	ELIGIBLE 542.15
COMM HOSP INPATIENT TOTAL	7	31	Ą	65,153.59		2101.73	.242	Ą	9307.66	Ą	509.01
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	6	28		64,313.59		2296.91	.219		10718.93		502.45
ACCOMMODATIONS	6	28		16,842.37		601.51	.219		2807.06		131.58
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	28		16,842.37		601.51	.219		2807.06		131.58
	6	0		47,471.22		.00	.000		7911.87		370.87
ANCILLARIES INPATIENT CROSSOVERS	1	3		840.00		280.00	.023		840.00		6.56
	0	0									
ALL OTHER INPATIENT	26			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	∠6 9	126		4,241.52		33.66	.984		163.14		33.14
MEDICAL	0	13		739.94		56.92	.102		82.22		5.78
SURGERY	U	0		.00		.00	.000		.00		.00
PATHOLOGY	/	24		239.68		9.99	.188		34.24		1.87
RADIOLOGY	5	8		1,719.62		214.95	.063		343.92		13.43
ROOM USE	14	16		576.55		36.03	.125		41.18		4.50
CROSSOVERS/ALL OTH OUTPTNT	21	65	_	965.73		14.86	.508		45.99		7.54
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4.	.00		.00	.000	4.	.00		.00
@NURSING FACILITY	31	847	\$	99,262.40	\$	117.19	6.617	\$	3202.01	\$	775.49
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	31	847		99,262.40		117.19	6.617		3202.01		775.49
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	12	\$	301.63	\$	25.14		\$	60.33	\$	2.36
PATHOLOGY	5	12		301.63		25.14	.094		60.33		2.36
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	51	\$	6,847.52	\$	134.27	.398	\$	228.25	\$	53.50
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	51		6,847.52		134.27	.398		228.25		53.50
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 10,236
MOP024	FEE-FOR-SERVICE										01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CA	ASES	- TOTAL IN PA-TOTA	AL						
							M	-		_	
128 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
	_	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	8		\$	1,302.67	\$	11.84	.859	\$	162.83	\$	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	5		24.19		4.84	.039		12.10		.19
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00

OTHER SERVICES	2	5	24.19	4.8	4 .039	12.10	.19
ACUPUNCTURE	0	0	.00	.0		.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.0		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.0		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0		.00	.00
OPTICIAN	4	8	94.88	11.8		23.72	.74
PHYSICAL THERAPIST	0	0	.00	.0		.00	.00
PORTABLE X-RAY	0	0	.00	.0		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.0		.00	.00
PROSTHETICS	0	0	.00	.0		.00	.00
	0	0					
ORTHOTICS	0	0	.00	.0		.00	.00
PSYCHOLOGIST	0	0	.00	.0		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.0	0 .000	.00	.00
HOSPICE SERVICES	0	0	.00	.0	0 .000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	2	97	1,183.60	12.2	0 .758	591.80	9.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	. 0		.00	.00
ALL OTHER PROVIDERS	0	0	.00	. 0		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .0			
@XOVER EXCLUDING STATE HOSP**	19	57	\$ 2,617.37	\$ 45.9		\$ 137.76	\$ 20.45

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 10,237 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLUMAS COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	MONTHLY AVERAGE							
32,468 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	20,258	275,254 \$	16,048,988.18	\$ 58.31	8.478 \$	792.23	\$ 494.30	
@PHYSICIANS SERVICES	3,212	10,882 \$	437,268.41	\$ 40.18	.335 \$	136.14	\$ 13.47	
OUTPATIENT VISITS	695	922	38,063.35	41.28	.028	54.77	1.17	
OFFICE VISITS	472	586	22,634.83	38.63	.018	47.96	.70	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	134	146	8,413.91	57.63	.004	62.79	.26	
PREVENTIVE CARE	3	3	167.74	55.91	.000	55.91	.01	
OB VISITS/COMPRE PERI	32	109	4,137.56	37.96	.003	129.30	.13	
OTHER OUTPATIENT	73	78	2,709.31	34.73	.002	37.11	.08	
INPATIENT VISITS	262	1,222	67,762.27	55.45	.038	258.63	2.09	
HOSPITAL VISITS	247	998	40,086.64	40.17	.031	162.29	1.23	
CRITICAL CARE	28	214	27,318.52	127.66	.007	975.66	.84	
SNF/ICF/TRANS IP CARE	5	10	357.11	35.71	.000	71.42	.01	
OPHTHALMOLOGICAL SERVICES	21	22	911.63	41.44	.001	43.41	.03	
EXAMINATIONS	21	22	911.63	41.44	.001	43.41	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	184	1,093	106,508.78	97.45	.034	578.85	3.28	
PRINCIPAL SURGEON	143	219	87,436.48	399.25	.007	611.44	2.69	
ASSISTANT SURGEON	16	16	2,756.64	172.29	.000	172.29	.08	
ANESTHESIOLOGIST	57	858	16,315.66	19.02	.026	286.24	.50	
OUTPATIENT SURGERY	176	601	38,110.55	63.41	.019	216.54	1.17	
PRINCIPAL SURGEON	140	188	29,845.97	158.76	.006	213.19	.92	
ASSISTANT SURGEON	3	3	266.58	88.86	.000	88.86	.01	
ANESTHESIOLOGIST	51	410	7,998.00	19.51	.013	156.82	. 25	
DIALYSIS	2	12	989.04	82.42	.000	494.52	.03	
PATHOLOGY	298	564	16,896.04	29.96	.017	56.70	.52	
RADIOLOGY	1,213	2,081	54,295.32	26.09	.064	44.76	1.67	
PSYCHIATRY	10	10	732.90	73.29	.000	73.29	.02	

IMMUNIZATION AND INJECTION	31	1,268	48,636.50	38.	36 .039	1568.92	1.50
OTHER SERVICES/ALL X-OVERS	1,213	3,087	64,362.03	20.		53.06	1.98
@PHARMACY	13,390	100,955 \$	4,085,902.52				\$ 125.84
PRESCRIPTION DRUGS	13,305	48,543	3,936,021.57	81.		295.83	121.23
CME / TCE	1 003	5,864	357,888.28	61.		356.82	11.02
OUTPATIENTS	12.330	42,679	3,578,133.29	83.		290.20	110.20
MEDICAL SUPPLIES	471	52,412	149,880.95		86 1.614	318.22	4.62
@DENTIST	245	1,214 \$	54,128.24	\$ 44.			
VISITS - DIAGNOSTIC	164	542	9,912.24	18.		60.44	.31
ORAL SURGERY	50	190	13,224.75	69.	.006	264.50	.41
DRUGS	7	8	200.00	25.	.000	28.57	.01
ANESTHESIA	23	24	2,075.00	86.	46 .001	90.22	.06
OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	6	9	1,300.00	144.		216.67	.04
ENDODONTICS	17	45	4,148.00	92.	18 .001	244.00	.13
RESTORATIVE DENTISTRY	64	326	15,734.25	48.		245.85	.48
PROSTHETICS	0	1	30.00	30.		.00	.00
DENTURES, STAYPLATES	14	24	5,451.00	227.		389.36	.17
SPACE MAINTAINERS	4	5	222.00	44.		55.50	.01
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0	5 0 0	.00		.000	.00	.00
	0	0	.00		.000	.00	.00
ORTHODONTIC SERVICES	28	33	1,645.00	49.		58.75	.05
ALL OTHER SERVICES	12	7	186.00	26.		15.50	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR	JAN 2003 THRU	DEC 2003	
MOP024	FEE-FOR-SERVICE	•					01/29/04
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR TOTAL CERT	'IFIED				
20 460						ONTHLY AVERA	
32,468 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		COST UNITS/DAY		COST PER
0.0000000000000000000000000000000000000	1 000	OR DAYS OF CARE	E0 102 E0		DAY PER ELIC		ELIGIBLE
@OPTOMETRIST	1,083	3,109 \$	78,193.70	\$ 25.			
DIAGNOSTIC AND ANC. PROCED	550	563	24,311.60	43.			.75
EYE APPLIANCES	804 148	2,315	49,914.74	21.		62.08	1.54
	148	231 14 \$	3,967.36 194.12	17. \$ 13.		26.81	.12 \$ .01
@CHIROPRACTOR	8	14 \$ 10	194.12	\$ 13. 16.		\$ 19.41 20.90	\$ .01 .01
VISITS OTHER SERVICES	8 2	4	26.92		73 .000	13.46	.01
@PODIATRIST	15	20 \$	26.92 959.28				
	3	20 Ş 3	130.51	\$ 47. 43.		43.50	Ş .03 .00
MEDICINE/INJECTIONS SURGERY/ANES.	2	2	374.28	43. 187.		43.50 187.14	.00
RADIO./PATHOLOGY	1	2	374.28	187.		34.60	.00
OTHER	10	13	419.89	32.		41.99	.00
@HOME HEALTH AGENCY	84	489 \$	33,193.81	32. \$ 67.			\$ 1.02
WHOME REALIR AGENCY	84	489 \$	33,193.81	\$ 67.			\$ 1.02

17

20

0

0

24,516

1,782

1,020

1,020

297

25

995

0

465

0

369

22,734

3,035

6,861

0

0

5,146

420

227

60

0

224

226

143

4,948

2,002

1,794

304

0

NURSE ANESTHESIST

HSC HOSPITALS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HOSP INPATIENT TOTAL

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ACCOMMODATIONS

NURSE MIDWIFE

@TOTAL HOSPITAL

169.93

476.44

3,251,555.73

2,597,119.77

2,094,825.76

395,712.06

785,383.74

779,601.24

106,581.95

654,435.96

147,876.90

39,974.44

76,485.17

1,309,442.02

5,782.50

.00

.00

.00

.00

\$

\$

.001 \$

\$

\$

.001

.000

.000

.755

.055

.009

.031

.031

.001

.000

.031

.000

.014

.000

.700

.093

.011

.211

10.00

23.82

132.63

1457.42

1332.36

2053.75

769.98

231.30

783.52

229.21

.00

.00

.00

28.79

48.72

108.33

11.15

.00

.00

169.93

119.11

631.86

6183.62

6595.20

9228.31

3490.59

1445.63

3480.36

5793.99

745.33

132.26

131.49

73.86

42.63

.00

.00

.00

.00

\$

\$

\$

\$

.01

.01

.00

.00

100.15

79.99

12.19

64.52

24.19

24.01

40.33

3.28

20.16

4.55

1.23

2.36

.00

.18

.00

RADIOLOGY	1,195	1,809	134,274.71	74.23	.056	112.36	4.14
ROOM USE	2,182	3,029	120,007.29	39.62	.093	55.00	3.70
CROSSOVERS/ALL OTH OUTPTNT	2,394	7,631	135,817.45	17.80	.235	56.73	4.18
@COUNTY HOSPITAL TOTAL	7	41	\$ 3,050.98	\$ 74.41	.001	\$ 435.85	\$ .09
CO HOSPITAL INPATIENT TOTAL	1	2	2,200.00	1100.00	.000	2200.00	.07
HSC HOSPITALS	1	2	2,200.00	1100.00	.000	2200.00	.07
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	39	850.98	21.82	.001	141.83	.03
MEDICAL	3	3	58.38	19.46	.000	19.46	.00

SURGERY	1	2	57.32	28.66	.000	57.32	.00	
PATHOLOGY	2	10	164.78	16.48	.000	82.39	.01	
RADIOLOGY	1	2	64.97	32.49	.000	64.97	.00	
ROOM USE	4	6	317.77	52.96	.000	79.44	.01	
CROSSOVERS/ALL OTH OUTPTNT	4	16	187.76	11.74	.000	46.94	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 10,239	
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04	
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR TOTAL CERT	rified					
					MON	THLY AVERA	GE	
32,468 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,141	24,475 \$	3,248,504.75	\$ 132.73	.754 \$	631.88	\$ 100.05	
COMM HOSP INPATIENT TOTAL	419	1,780	2,594,919.77	1457.82	.055	6193.13	79.92	
HSC HOSPITALS	59	295	393,512.06	1333.94	.009	6669.70	12.12	
NON-HSC HOSPITALS TOTAL	227	1,020	2,094,825.76	2053.75	.031	9228.31	64.52	
ACCOMMODATIONS	225	1,020	785,383.74	769.98	.031	3490.59	24.19	
ADMINISTRATIVE DAYS	4	25	5,782.50	231.30	.001	1445.63	.18	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	224	995	779,601.24	783.52	.031	3480.36	24.01	
ANCILLARIES	226	0	1,309,442.02	.00	.000	5793.99	40.33	
INPATIENT CROSSOVERS	143	465	106,581.95	229.21	.014	745.33	3.28	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

22,695

3,032

367

6,851

1,807

3,023

7,615

36,561

36,561

0

0

0

0

0

0

0

0

0

32

0

32

232

208

24

1,720

1,706

14

269

73

14,480

14,138

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

LEV B-REHAB MD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HEROIN DETOX CLINIC

RURAL HEALTH CLINIC

#CALIF DEPT OF HEALTH SERV

@ORGANIZED OUTPATIENT CLINIC

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

SURGICENTER

PLUMAS COUNTY

PATHOLOGY

CLINIC

MOP024

@LABORATORY FACILITY

ICF DDH

ICF DD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

ROOM USE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

4,943

303

1,792

1,194

2,179

2,390

1,198

0

0

0

0

0

0

0

0

0

23

19

1

662

5

81

16

FEE-FOR-SERVICE/DENTAL

8,482

8,411

1,198

653,584.98

147,818.52

39,917.12

76,320.39

134,209.74

119,689.52

135,629.69

5,614,142.04

5,614,142.04

14,156.35

14,156.35

7,369.16

6,946.35

28,356.62

28,195.86

15,033.52

2,793.12

.00

1,963,177.53

1,945,350.89

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

160.76

422.81

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

28.80

48.75

108.77

11.14

74.27

39.59

17.81

\$ 153.56

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

153.56

442.39

442.39

33.40

17.62

16.49

16.53

11.48

55.89

38.26

137.60

.00

135.58

31.76

.699

.093

.011

.211

.056

.093

.235

.000

.000

1.126

.000

.000

.000

.000

.000

.000

.000

.000

.000

.001

.006

.001

.053

.000

.008

.002

.000

.435

.000 \$

.001 \$

.007 \$

.053 \$

.446 \$

1.126

.000

\$

132.22

73.95

131.74

42.59

112.40

54.93

56.75

\$ 4686.26

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00

.00

.00

.00

615.49

615.49

368.46

365.60

422.81

42.92

32.15

231.45

185.60

174.57

.00

231.29

42.83 \$

4686.26

20.13

1.23

2.35

4.13

3.69

4.18

.00

.00 .00

.00

.00

.00

.00

.00

.00

.00

.00

. 44

.00

.44

.21

.01

.87

.00

.46

.09

.00

59.92

01/29/04

PAGE 10,240

60.46

172.91

USERS			EXPENDITURES					COST PER ELIGIBLE
2 5/7			170 711 30					14.78
	-	Ą					Ą	2.65
	· · · · · · · · · · · · · · · · · · ·							.00
-								.23
								6.73
								2.48
			•					1.26
								3.00
	_							.00
								.53
38	38		•					.12
0	0							.00
0	0							.00
	1,621		17,939.09	11.07	.050	25.05		.55
73	460		7,147.56	15.54	.014	97.91		.22
2	9		143.00	15.89	.000	71.50		.00
20	60		8,006.31	133.44	.002	400.32		.25
17	53		6,864.09	129.51	.002	403.77		.21
3	7		1,142.22	163.17	.000	380.74		.04
1	11		626.79	56.98	.000	626.79		.02
7	13		655.13	50.39	.000	93.59		.02
5	160							.55
0	0		•					.00
883	5.028							1.82
0	0							.00
0	0							.00
Ô	0							.00
371	40 529							1.09
		Ś					Ś	10.59
2,101	•	Y.			.529			10.79
	2,547 164 0 31 309 223 50 83 3 18 38 0 0 716 73 2 20 17 3 1 7 5 0 883 0 0	OR DAYS OF CARE  2,547  164  0  31  55  309  31,236  223  4,652  50  25,561  83  1,023  3  8  18  250  38  0  0  0  716  1,621  73  460  2  20  60  17  53  3  7  1  11  7  13  5  160  0  883  5,028  0  0  0  371  40,529  170  2,593	OR DAYS OF CARE  2,547 80,993 164 1,515 0 0 31 55 309 31,236 223 4,652 50 25,561 83 1,023 3 8 18 250 38 38 0 0 0 716 1,621 73 460 2 9 20 60 17 53 3 7 1 1 11 7 13 5 160 0 0 883 5,028 0 0 0 371 40,529 170 2,593 \$	OR DAYS OF CARE  2,547	OR DAYS OF CARE  2,547 80,993 164 1,515 85,924.41 0 0 0 0 31 55 7,384.28 134.26 309 31,236 218,502.90 7.00 223 4,652 80,407.31 17.28 50 25,561 40,837.93 1,60 83 1,023 97,257.66 95.07 3 8 151.38 18.92 18 250 17,217.43 68.87 38 38 38 3,990.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG           2,547         80,993         \$ 479,744.30         \$ 5.92         2.495           164         1,515         85,924.41         56.72         0.47           0         0         .00         .00         .000           31         55         7,384.28         134.26         .002           309         31,236         218,502.90         7.00         .962           223         4,652         80,407.31         17.28         .143           50         25,561         40,837.93         1.60         .787           83         1,023         97,257.66         95.07         .032           3         8         151.38         18.92         .000           18         250         17,217.43         68.87         .008           38         38         3,990.00         105.00         .001           0         0         .00         .00         .000           71         460         7,147.56         15.54         .014           2         9         143.00         15.89         .000           17         53         6,864.09         129.51	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           2,547         80,993         \$ 479,744.30         \$ 5.92         2.495         \$ 188.36           164         1,515         85,924.41         56.72         .047         523.93           0         0         .00         .00         .00         .00           31         55         7,384.28         134.26         .002         238.20           309         31,236         218,502.90         7.00         .962         707.13           223         4,652         80,407.31         17.28         .143         360.57           50         25,561         40,837.93         1.60         .787         816.76           83         1,023         97,257.66         95.07         .032         1171.78           3         8         151.38         18.92         .000         50.46           18         250         17,217.43         68.87         .008         956.52           38         38         3,990.00         105.00         .001         105.00           0         0         .00         .00         .00         .00         .00           71	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           2,547         80,993         \$ 479,744.30         \$ 5.92         2.495         \$ 188.36         \$ 188.36         \$ 5.92         2.495         \$ 188.36         \$ 5.92         2.495         \$ 188.36         \$ 5.92         2.495         \$ 188.36         \$ 5.92         2.495         \$ 188.36         \$ 5.92         2.495         \$ 188.36         \$ 5.92         2.495         \$ 188.36         \$ 5.92         2.495         \$ 188.36         \$ 5.92         2.495         \$ 188.36         \$ 5.92         2.495         \$ 188.36         \$ 5.92         2.495         \$ 233.20         2.000         0.00         0.00         0.00         .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.